

CHEMIST & DRUGGIST

The newsworthy for pharmacy

a Benn publication

July 25 1981

Discount scale:
PSNC member
takes issue
— and it's a
'double dipper'

RPA holds
first meeting

A 'slimline'
Vestric makes
its challenge

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Oral hygiene
SPECIAL FEATURE

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We'll hold the baby while you hold the sales.

Babes

Taking care of Mother and Baby

CHEMIST & DRUGGIST

Incorporating Retail Chemist

July 25 1981

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COMMENT

Kite-flyer?

It is curious how a certain, unnamed (but clearly senior) Government politician has taken to communicating with pharmacy, not through the profession's appointed and elected representatives, but through the medium of a lobby journalist. The latter (also unnamed) person recently told the profession that the Government intended to hold an inquiry into its role in the NHS and community health care — though the Department of Health is unable to confirm even what the politician had revealed, and pharmacy's organisations had still not been approached on the subject more than a week after the first announcement.

This revelation of an inquiry is doubly curious because the idea comes from a Government that showed extreme reluctance to get to grips with the appointment of a panel of inquiry into general practice pharmacists' remuneration — and which is unwilling to find money to pay panel members, thus perhaps smoothing the task of finding volunteers for what could be an arduous and thankless task. Perhaps the members of the proposed inquiry team will fare better!

We cannot say whether we would welcome an inquiry until there is some indication of its purpose. Many pharmacists will, we are sure, simply say "Oh. Not another one". There have been few inquiries of the profession's own making that have even found a total unity of purpose among the membership, and fewer still that have been influential in bringing about change in the short term.

Inquiries into other health professions seem also to create division within the discipline concerned, rather than solve its problems. Perhaps an exception was the Noel Hall report on hospital pharmacy which paved the way for a worthwhile career structure — later capitalised upon

by ASTMS in adding worthwhile financial rewards. But even here we see that, whether set up by Government or not, the acceptance of a committee of inquiry's findings and recommendations depends upon the political climate at the time it reports. (Consider a finding that the key is the independent High Street chemist, being presented to a left-wing Labour administration, or one that the pharmaceutical service should be nationalised being offered to Mrs Thatcher!)

Regularly, Governments have accepted the parts of reports they like and rejected those they don't. The Franks panel sorted out chemist contractors' remuneration once and for all — until the Government apparently spotted that the report wasn't going to work in its favour. The Clothier Committee resolved the dispensing doctor dispute — but rural pharmacists are still asking (as they did again on Sunday — p116) when *is* Clothier to be implemented?

If, of course, the Government politicians are serious and are prepared to accept the findings of an inquiry which might, hopefully, spell out the potential primary health care role of the pharmacist in the community, and if they are also willing to find any money that might be necessary to exploit to the full the pharmacist's training — and to push the changes through against probable opposition from professions who fear encroachment — then, provided the timetable is short, an external inquiry will help the profession.

But if there are any thoughts of yet another book of words to gather dust on library shelves, then this "carrot" being dangled before the retail pharmacist will be seen as nothing more than further procrastination. ■

Rural pharmacists must 'avoid emotion'

More than 30 members of the newly-formed Rural Pharmacist Association met in London on Sunday for the inaugural meeting. The ad-hoc committee confirmed the articles of association (*C&D* May 16) and the subsequent meeting heard Mr Alan Smith, chief executive of the Pharmaceutical Services Negotiating Committee, set out the legal controls governing pharmaceutical and medical practice in rural areas

Mr Smith told the meeting that the battle with dispensing doctors would be won on facts, not emotion. Outlining the legal situation, he pointed out that under the Medicines Act all doctors were allowed to dispense — but it was *by* a doctor to a patient of *his*. It would be helpful if the Pharmaceutical Society could ensure that these criteria were clarified because if applied, many of the dispensing doctor problems would disappear.

The Act's provisions also meant that a doctor could dispense for any of his private patients and it was fortunate that these represented only 3 per cent of prescriptions — the swing towards private medicine offered a frightening prospect and Mr Smith reminded younger pharmacists that in pre-NHS days pharmacists did the minority of dispensing.

The NHS Acts said the pharmacist should dispense unless otherwise specified in regulations. In non-rural and rural areas a doctor could dispense personally-administered drugs (such as influenza vaccine), and this category had increased from £4,000 to nearly £4 million in 10 years. Emergency supplies the doctor was bound to dispense; here Mr Smith criticised pharmacy for not having taken on board the emergency role. If the profession wished to be the keeper of the nation's medicines box it must be so 24 hours a day and seven days a week. "That it is not is thrown at our representatives at every meeting with the medical profession." Mr Smith contended that it was essential pharmacy should provide a statutory and well-paid emergency service.

Another case for doctor dispensing was when the patient would otherwise encounter "serious difficulty". Mr Smith quoted personal experience of a case in which a pharmacist refused to deliver prescriptions in an urban area to a house-bound cancer patient with the result that the patient went on the doctor's

dispensing list. "If we won't provide the service, can we object if another profession will?" he asked. Finally, the doctor could dispense gratuitously.

These criteria applied both to rural and non-rural areas but if the area was rural in character then an FPC could force a doctor to dispense for any patient who requested the service. It was a calamity, said Mr Smith, since if any profession should be forced to provide a pharmaceutical service it should be pharmacy.

He claimed that basic practice allowance, the essential small pharmacies scheme, and part-time pharmacies all helped the profession to provide a service in the less densely-populated areas.

Mr Smith then spelled out the differences in regulations controlling doctor and pharmacist dispensing. The chemist contractor was bound by his terms of service to deliver promptly any drug to any person; he was required to supply a minimum quality, to offer no inducements, to open for specified hours and observe rotas, to carry out dispensing by or under the direct supervision of a

pharmacist, and to offer fair wages to staff. None of these conditions applied to the dispensing doctor. Mr Smith criticised the Clothier report in this context because it equated pharmacist and doctor dispensing, even though the law recognised a distinction.

On fees, the dispensing doctor received a flat on-cost of 10.5 per cent and a variable fee ranging from 40.5p to 51.5p (these compared with pharmacy's average of 11.3 per cent and 40p). The net profit for doctors was much higher since they received double reimbursement of overheads — rent and rates were a medical practice expense, as was 70 per cent of the salaries of the first two ancillary staff. Their 16 per cent net profit compared with the chemist contractor's 3-4 per cent.

Mr Smith alleged this was not fair competition and suggested the additional cost to the taxpayer from double reimbursement was around £5m a year. He added that in an assessment of discounts each doctor in a practice could submit his figures individually, potentially avoiding having to repay discounts received by the practice collectively.

The Clothier report was not an ideal solution to rural problems, but it did represent a compromise. Mr Smith challenged the interpretation many FPCs put on "rural in character". Some used the payment of a rural practice allowance as a criterion and others the fact that an area came under the jurisdiction of a former rural district council — but neither had anything to do with dispensing.

There had only been two breaches of the "standstill" by pharmacists, and about 30 by doctors, but considering it was a voluntary agreement going against what the law provided for, it had stood up very well. However, any "creep" in dispensing was undoubtedly in favour of the doctors: in 1975 doctors dispensed 14.5 million prescriptions, in 1980 they dispensed 18.7 million, an increase of 21.4



"... now about his bad breath Sir"

per cent. All this was during a period of standstill showing that transfers to dispensing lists were going on without overt breaches of Clothier.

A main point of issue during the discussion was how to make sure doctors dispense only for approved patients. Mr B. Teague, Shropshire, recommended a good relationship with the FPC administrator, who could notify any transfer of patients to a dispensing list. Mr Smith said that many FPCs hide behind a cloak of confidentiality, but in the future disclosure would become necessary since the Clothier compensation scheme was based on such transfers.

When other members complained about difficulty in getting information, he added that FPCs were under a statutory obligation to recover money incorrectly paid to a dispensing doctor. Mr S. Bubb, Dorset, said that according to his FPC the county was rural in character — and that included towns such as Bournemouth, Poole, Blandford and Shaftsbury. A current dispute involved Burton, part of Christchurch, which was currently served by six pharmacies within one-and-a-half miles. A group practice had moved and was now demanding to dispense for its patients; this had been rejected by the local standstill committee but the dispensing committee had agreed only to defer a decision for six months (the meeting is due this week).

Another member, reported on an investigation he had made into the possibility of operating a mobile pharmacy in association with doctors' surgeries; the pharmacy would be linked to mains services and by telephone for repeat prescriptions etc. He estimated a capital cost of about £10,000 and suggested an appeal to the local community for funds. However, it was pointed out that mobile pharmacies are currently not permitted by law and that the Society and PSNC believed the order of priority should be full-time, then part-time pharmacies, next a collection and delivery service, with the mobile pharmacy the final choice. A pharmacist operating a part-time pharmacy reported that the FPC had been reluctant to agree to its operation.

When various members complained that Clothier prevented the opening of part-time pharmacies, Mr Smith pointed out that Clothier was only applied when local compromise was not possible. Mr Davies quoted from a letter received from the Minister for Health which stressed that a rural dispensing committee could only refuse an application (from a pharmacist or a doctor) if it considered services to patients would be adversely affected were it to be granted.

Mr Roger King, Hedon, Hull, said it was a question of money and pharmacists should have compassion for rural doctors if they were underpaid. The profession should set out to prove that the money at present paid to doctors could be redirected to provide a pharmaceutical service. ■

'Slimline' Vestric put their emphasis on price

A "new, slimline Vestric, in expansionist mood and fighting fit to consolidate its £200m business after a year of re-organisation", will be making price to the chemist its number-one priority.

Mr Peter Worling, managing director, last week enlarged on the wholesale group's new philosophy to a conference of nearly 100 major OTC suppliers and explained: "We have moved from operating in what was a fixed price market, where frequency of delivery, length of lead time and breadth of stock holding were much more important than price, promotional activity, marketing and selling. Conditions are now reversed."

Vestric, he said, had made "some fairly dramatic decisions." They would ☐ compete on price ☐ streamline operations and improve productivity ☐ look closely at distribution systems and provide the best service for the needs of the coming decade.

Vestric had reduced the number of operating branches by ten to 30 but are still covering the same customers and areas. "This has given us a substantial improvement in efficiency and the way in which we handle our stock." Also, operating staff had been reduced without any reduction in turnover; marketing had been re-structured and a new advertising agency appointed.

Mr Worling stressed Vestric's innovative record and promised that the group had "not run out of ideas," with many new developments planned for the coming year.

Other plans announced at the conference were a target membership of 2,000 over the next 12 months and a Vantage retail conference in Rome in March 1982. ■

Doctors collect fewer charges

Dispensing doctors collect proportionally fewer prescription charges from patients than do chemists. That was confirmed in the Commons last week — though the Minister for Health, Dr Gerard Vaughan,

C&D Directory 1982

Buyers Guide entry forms for the 1982 edition of Chemist & Druggist Directory were sent out about a month ago. Companies who have not yet completed their forms are asked to do so without further delay and return them to Chemist & Druggist Directory, Benn Publications Ltd, Directories Division, Union House, Eridge Road, Tunbridge Wells, Kent TN4 8HF.

would draw no inferences from the difference.

Mr Mike Thomas asked why, in the five months ended April 1981, dispensing doctors had collected some 4 per cent fewer charges. Dr Vaughan appeared to concede the figure but said the demography of the areas served by dispensing doctors can be very different from those served by High Street chemists. "We have no reason to believe that there has been any loss of revenue or that the amounts remitted by dispensing doctors are not strictly in accordance with the requirements of the Regulations."

NEL think again on PSNC levy

North-east London Pharmaceutical Committee are to ballot their members again on the question of paying the voluntary levy to the Pharmaceutical Services Negotiating Committee.

The decision follows a meeting between the LPC and PSNC representatives last week — and the canvas will this time be accompanied by an LPC recommendation that the levy payments should be reinstated. ■

CHC concern over 'chemist' leaflet

A report that Wolverhampton Community Health Council had condemned a leaflet urging people to ask their local chemists' advice on health is exaggerated — it was more accurate to say that they were very concerned.

Council secretary, Mr Mike Domoney told *C&D* that the leaflet has appeared in doctors surgeries in the area but the doctors appear neither to object to the leaflet or to know how they came to be in their surgeries. The council objection is on the basis that the leaflets do not say: "Ask the pharmacist in the pharmacy for advice". "Our fear is that a counter assistant might be approached," says Mr Domoney. He even suggests that some people in the Wolverhampton area will not know the difference between a pharmacy and a drug store.

The leaflet suggests that the local chemist can advise on coughs, travel sickness, constipation and diet. It gives no indication as to which organisation has funded its publication and does not mention specific products.

The council has alerted the FPC who will consider the leaflet, its origins and implications when they meet in September. ■

PSNC stamped by DHSS into snap decision

Mr Bob Worby MPS, of the PSNC, is understood to have opposed acceptance of the discount scales and here explains his reasons

The new discount scale, devised to recover 5.44 per cent overall in place of 1.54 per cent previously recovered, represents a basic inequity as between contractors of varying size.

The scale was produced in response to an even less appropriate proposal presented by DHSS during recent negotiating meetings. PSNC officers had only two days in which to present to the Committee an alternative and were hog-tied by quite inappropriate criteria laid down by DHSS. The PSNC was thus stamped into a snap decision in order that a new discount scale could be implemented for June prescriptions.

The DHSS criteria for recovering some £50m pa from contractors were as follows:— (1) The scale must be capable of being set out "on one side of a sheet of paper". (2) A cumulative scale could not be entertained as it would require more pricing time to apply.

Misbegotten 'in haste'

The resultant scale, begotten by haste out of inappropriate parameters, results not only in unduly sharp variation of discount value, but of infinitely more concern, totally ignores the obviously rising discount potential of the larger contractor.

It is known by all that, once a level of £2,000 turnover per wholesaler is achieved, subsequent discount level is over 50 per cent higher than that obtainable on the first £2,000. The mechanics of achieving this result vary between wholesalers but the fact is indisputable. It therefore follows that any contractor using as many as three wholesalers will achieve a slowly-increasing overall level of discount, as his total NIC increases beyond £6,000. It is thus patently obvious that the rising discount scale should cover the entire range of contractors' NIC.

The scale approved under such pressure by PSNC stops at £12,000 NIC, representing a level of turnover only 20 per cent above that of the "average contractor" (3,400 scripts per month at an NIC which will turnout to be in the region of £2.85 = £9,700). On the published scale he will be discounted 5.55 per cent whereas a contractor covering twice that

turnover is pegged at 6.4 per cent.

The published scale is quite acceptable in terms of "slope" across the range of turnover which it covers. It should in equity, however, be continued to embrace all sizes of contractor thus "over-yielding" in terms of the total recovery required so that at all points in the scale it could then be reduced in severity.

The following basic *nominal* discount figures currently offered by national wholesalers illustrate the injustice in the scale. I use the expression "nominal" because for this purpose I am ignoring the many prescription items we have to obtain from non-discount sources (oxygen, colostomy equipment, vaccines, bespoke hosiery and trusses, laboratory specials etc). Significantly also, in the course of my calculations I have made no allowance

whatsoever for the progressively greater ability of the larger contractors to purchase direct from drug manufacturers. Clearly, therefore, the results must be expected to show overall an *apparent* under-deduction as a result of non-discountable purchases, and must also be expected to show a progressive diminution of this apparent under-deduction as we advance up the scale of prescription turnover.

In fact, with the exception of those contractors who would fall within the turnover criteria of the essential small pharmacies scheme (ESPS) and are thus already specially subsidised, this progressive diminution is indeed achieved — *as far as the scale goes*.

So far so good, and full marks to our financial executive and his statisticians. But just look what happens after the scale stops just above the level of the "average contractor". Because the level of discount deduction remains constant we move into an area where the larger the contractor and the greater, therefore, his ability to buy at the most favourable terms, the greater the apparent "under-deduction" becomes until it exceeds even that of the smallest of the non-ESPS contractors.

For this purpose, let us consider *three* national wholesalers whose terms have

NIC (£)		Nominal discount	Total discount (%)	Scale discount (%)*
1500 (500 scripts)	two wholesalers (ESPS) (1) £1000 (2) £ 500	£16 Nil	1.06	1.32 (—0.26)
3000 (1000 scripts)	two wholesalers (ESPS) (1) £2000 (2) £1000	£96 Nil	3.2	2.74 (0.46)
4500 (1500 scripts)	three wholesalers (1) £2750 (2) £1500 (3) £ 250	£156 £40 Nil	4.4	3.5 (0.9)
6000 (2000 scripts)	three wholesalers (1) £3000 (2) £2500 (3) £ 500	£176 £120 Nil	4.9	4.13 (0.77)
9000 (3000 scripts)	three wholesalers (1) £6000 (2) £2500 (3) £ 500	£416 £120 Nil	5.9	5.34 (0.56)
12,000 (4000 scripts)	three wholesalers (1) £9000 (2) £2500 (3) £ 500	£656 £120 Nil	6.5	6.4 (0.1)
Here we have just covered the average contractor <i>and here the scale stops!</i> But what about the larger than average?				
18,000 (6000 scripts)	(1) £15,000 (2) £ 2,500 (3) £ 500	£1136 £120 Nil	6.9	6.4 (0.5)
24,000 (8000 scripts)	(1) £21,000 (2) £ 2,500 (3) £ 500	£1616 £120 Nil	7.2	6.4 (0.8)
30,000 (10,000 scripts)	(1) £27,000 (2) £ 2,500 (3) £ 500	£2096 £120 Nil	7.4	6.4 (1)

been widely publicised:—
□Macarths (£1,000 min) first £800, 0 per cent — thereafter 8 per cent.
□Sangers (£500 min; surcharge) first £1,000, 0 per cent — thereafter 8 per cent.
□Vestric (min for discount £1,200) first £1,200 3 per cent — thereafter 8 per cent.

I have set them out alphabetically to avoid "prejudice" and omitted Unichem to avoid the "profit share" argument. I have used a forward estimate of £2.85 average NIC and balanced the buying levels to maximise discount whilst still hopefully keeping all the wholesalers content. The nominal "percentage under-deduction" at each point is shown in brackets* after the scale discount figure.

From this table we observe that 0.1 per cent "advantage" at the £12,000 NIC level (4,000 scripts per month) has stretched to 1 per cent for our colleagues dispensing 10,000 scripts per month. Just in case that doesn't seem much (and it is "net profit" remember), work it out — it is worth an extra £270 per month, or some £3,250 pa, without taking any account of enhanced direct purchasing power.

Bigger betters "average"

Quite regardless of whether or not the agreed overall DHSS recovery is too high or too low, one thing stands out a mile. If you are significantly bigger than "average", and have a better than average ability to improve on your discounts then, even ignoring this ability you repay progressively less and less of your discounts to DHSS.

When the forthcoming discount inquiry is completed, and regardless of whether it shows over or under recovery, this advantage is secure — just as it was when the Franks retrospective profit award was offset against discount. He who has it holds it. If the DHSS inquiry shows that contractors still owe them money it will come straight out of the balance sheet so that we all pay our "share" — but will we all have *had* that share? Clearly we will not.

The lion's share of any "under-deduction" will indeed have gone to the lions — whose representatives would certainly appear to have pulled off quite a coup. The rise in BPA undoubtedly favoured the smaller contractor but was more than offset by the simultaneous fee increase — which at 7½ per prescription represented a tremendous advantage to the lions.

The whole question of recovery of discounts is sensitive and unavoidably divisive. Inevitably there must be an element of approximation and therefore injustice to individuals. I cannot, however, conceive that DHSS can consider that it has discharged its duty as a government body when such a vast sum of money is so clearly being recovered in a manner so obviously inequitable as between medium and large dispensing turnovers. ■

Discount dippers — see p186

TOPICAL REFLECTIONS

By Xrayser

Run-around

It's been a muddled sort of week, for although we haven't been particularly busy, we seem to have been unable to complete jobs as I would like.

You know the kind of mess that a new cosmetics stand can introduce into the floor of the shop, as you try to get the thing erected and filled, with the old one blocking everyone's way. We tried to put the new trays into the Rimmel stand this week and, prize idiots that we are, also thought it would be a good idea to get the new Max Factor one sorted out.

And then I had a row of older customers begging me to try once more to get them those old familiar favourites like Crowes Creme, Velouty, new heads for the obsolete Philips razor her husband had for 25 years and wouldn't be parted from. I must make up a list of the things you can't actually get from the wholesalers in any one week, for the truth is that although some items are deleted from the inventories, many are still *stocked* (we are told), but are just *out* of stock. Work that out . . .

More irritating this week was a query by my new girl as to the apparent sudden drop in selling price of a product. Although a false alarm, it led me to look at the margin, which turned out to be something like 20 per cent on return if you are lucky. But never mind about a price reduction, I'm dropping the product.

Whether I can afford to drop Optrex for the same reason is not so clear, because having assumed it carried a normal trade margin I allowed it to develop a fair number of facings on the eye-care shelves. Until we have a proper pharmacy-only alternative I guess I'll have to hustle around my wholesalers to see if I can find one who will give me 10 per cent off trade for a dozen-only of this eyewash. But wait till we — you and I — get hold of those reps!

Ring-around

I have also noticed a real increase in telephoned attempts to sell products to us, usually beginning with the gambit "I'm Mary Poppins (or Joe Doakes) your sales representative from Somebody & Co and we are ringing to offer you a special deal on our newest pure treacle shampoo etc . . ."

This week I had three — one from a bottle supplier, one from an insurance broker, one from a new perfumery company from Italy. Oh, and yet another (making four) from someone selling tapes for whom I suggested Pripsen. Beecham

too have tried quite recently.

Now whilst I don't object occasionally giving a 'phoned order to reps who work to our mutual benefit, I think companies who hope to cut costs by substituting a 'phone call for the visit from the rep are in danger of losing more than a surplus sales force. As a buyer I must see goods before I buy them, for how else can I familiarise myself and the staff with a product? A good rep is worth his weight in gold, assuming that he is backed with decent products and proper company support.

A fell blow

As you may have gathered I like playing with words, but just to be certain I looked up the word "fell" to reassure myself that it did in fact carry the meaning "a knockdown blow" — and the word blow itself allows for several possibilities. But all this train of thought arose from the reading of C.J. Fell's letter in last week's *C&D* where he allows himself the ultimate satisfaction of what appears to be a wholly justified "I told you so" in explaining why we have a much higher inflation in drug costs than other countries, and whose consequent damaging results (which he predicted in 1974), have now been proved.

Since his past logic is irrefutable, we must also accept his assertion that "retail pharmacists are being forced to pay a substantial price in assisting Government to partially offset an inflation largely brought about by (previous) Government". I share neither comfort nor his amusement in the cynical view, but find myself asking whether perhaps logic is always the same thing as reason.

After all, if general inflation has risen by only(!) 66 per cent between 1975 and the end of 1979, while drug prices rose by 90 per cent during that period, for us to expect our incomes to increase by such a windfall effect to a level above the general 66 per cent might not be seen as wholly justifiable. But however we view it, we have had to put more money into stock in times when money is an expensive commodity — which business logic suggests should bring in its proper return. The difficulty, as always, is how to do this when we are without the muscle to demand it. ■

■ The illustrations for figures 1 and 2 in the clinical pharmacy article (*C&D* last week, pp 96 and 98) should, of course, be reversed.

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Sell at 78p

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on Cost
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tampons

40 Super

WITH THE FLUSHAWAY APPLICATOR
ECONOMY PACKAGE

TAMPAX

Offer Price
6 X 40
£5.72
Sell at £1.32p

VANTAGE 20% OFF
£5.46
Sell at £1.25p

**Profit
on Cost
20%**

Offer Price
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Sell at 50p

VANTAGE MEMBER PRICE
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Sell at 48p

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£7.40
Sell at 25p



Steradent

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£9.96
Sell at 56p

VANTAGE MEMBER PRICE
£9.48
Sell at 53p

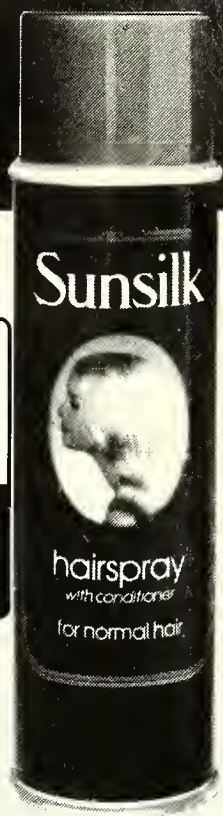
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Profit on Cost
20%



Product	Pack/Size	Normal Price	R.S.P.	Vestric Offer Price	R.S.P.	Vantage Price	R.S.P.	Profit on Cost %
Steradent	Fixative	12 x Small	—	36	2.58	.29	2.46	.28
		12 x Large	—	79	5.64	.64	5.40	.61
		12 x Small	—	50	3.60	.40	3.42	.38
		12 x 50ml.	—	67	5.16	.58	4.92	.55
		12 x 100ml.	—	1.07	8.22	.92	7.86	.89
BIC	Razors	40 x 5	11.13	.50	7.80	.27	7.40	.25
	Razors	20 x 10	10.80	.95	7.60	.52	7.20	.50
	Lady Shaver	50 x 4	13.36	.48	10.25	.28	9.75	.27
Johnson's	Baby Powder	24 x 298g	17.669	1.21	14.16	.81	13.56	.78
		24 x 99gm.	7.44	.51	6.00	.35	5.64	.32
		24 x 227g.	14.569	1.00	11.64	.67	11.16	.64
		12 x 454g.	11.812	1.62	9.48	1.09	9.06	1.04
Cleenex	For Men	24 x 100	10.93	.68	8.85	.50	8.44	.48

Product	Pack/Size	Normal Price	R.S.P.	Vestric Offer Price	R.S.P.	Vantage Price	R.S.P.	Profit on Cost %
Panty Pads	Regular	24 x 10	9.28	.58	7.62	.44	7.48	.43
	Super	24 x 10	10.30	.64	8.53	.49	8.37	.48
	Super Plus	24 x 10	11.32	.71	9.11	.52	8.95	.51
Peaudouce	Baby Slips	15 x New Born	25.80	1.98	22.35	1.79	21.94	1.76
		15 x Medium	25.80	1.98	22.35	1.79	21.94	1.76
		15 x Large	25.80	1.98	22.35	1.79	21.94	1.76
		15 x Maxi	25.80	1.98	22.35	1.79	21.94	1.76
GUCRON		24 x Econ	12.22	.62	9.60	.48	9.48	.47
		12 x Family	9.86	.99	8.04	.80	7.92	.79
Witapointe	Conditioner	12 x 15gm	3.06	.41	2.46	.28	2.40	.27
		12 x 26gm	4.69	.62	3.78	.43	3.72	.42
		12 x 45gm	6.52	.89	5.28	.61	5.16	.59
wella	Conditioner Twin Pack	6 x 125ml.	8.24	2.18	4.53	1.04	4.44	1.02
VILKINSON	Sword Swivel Disposable Razor	20 x 5	8.30	.58	6.86	.47	6.73	.46
		10 x 10	7.89	1.78	6.17	.85	6.05	.84
	Sword Handy Disposable Razor	40 x 5	9.04	.37	7.05	.25	6.92	.24

VANTAGE

Vestric

We're always there, we always care.

Vestric Limited,
West Lane, Runcorn,
Cheshire, WA7 2PE.

Offers available August E&OE

If you require further information on Vestric or our Vantage scheme, please complete the coupon and return to the Marketing Manager.

Name _____

Address _____

Telephone: _____

CD.8.81



Gallia baby food will clearly help you to grow.

Introducing Gallia baby foods. A delicious range of main courses, vegetables, fruits and desserts for babies of four months and over.

Made in France, with all the love and care you'd expect of the French, Gallia baby foods have all the ingredients of success.

They're wholesome, with no artificial flavourings, colourings or preservatives.

They're full of goodness, with all vitamins lost in the cooking process being conscientiously replaced.

And they're sealed tight in handy glass jars, so your customers can see what they're buying.

Gallia baby foods are being launched through chemists' shops only.

Which means that our advertising and promotional plans to seek trial and awareness will benefit you.

What's more, as a premium product, Gallia is naturally more profitable for you.

Yes, Gallia baby foods are going to be a big success. So those wholesome ingredients will help you to grow too.

For more details, simply ask your Sangers Agencies representative.

He'll be calling on you soon.



gallia
baby food

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Agencies

Sangers Agencies Limited
Ramsbury House, High Street, Hungerford,
Berkshire RG17 0NF
Telephone: Hungerford (04886) 3555.

PRESCRIPTION SPECIALITIES

Vepesid capsules and injection

Manufacturer Mead Johnson Division, Bristol-Myers Co Ltd, Station Road, Langley, Slough SL3 6EB

Description Soft gelatin capsules containing etoposide 100mg. Ampoules containing 100mg etoposide in 5ml

Indications Anti-neoplastic for small cell lung cancer and resistant testicular non-seminomatous carcinoma

Dosage 60-120mg/m² intravenously daily for five consecutive days or twice this dosage if oral therapy is preferred. Immediately before administration the required dose of the injection should be diluted with 0.9 per cent saline to give a final concentration of not more than 0.25mg/ml. The diluted solution should be infused over at least 30 minutes. As Vepesid produces myelosuppression there must be at least 21 days interval between courses and repeat courses should not be given unless the blood picture is satisfactory

Contraindications Hypersensitivity, severe hepatic dysfunction, must not be given by intra-cavitary injection and should not normally be administered to women who are pregnant or breast-feeding

Precautions Should be administered by individuals experienced in the use of anti-neoplastic therapy and care should be taken to avoid extravasation when administered intravenously. If radiotherapy or chemotherapy has been given then the bone marrow should be allowed to recover before starting treatment (see data sheet for details). Peripheral blood counts and liver function should be monitored and bacterial infections brought under control before treatment commences

Side effects The dose-limiting toxicity is myelosuppression, predominantly leucopenia and thrombocytopenia. Anaemia occurs infrequently. Alopecia occurs in about 50 per cent of patients and is reversible on cessation of therapy. Nausea and vomiting are the main gastrointestinal side effects and occur in about 30 per cent of patients. Abdominal pain, diarrhoea and anorexia occur infrequently. Hypotension may occur following a rapid infusion and may be reversed by slowing the infusion rate. Anaphylactic-like reactions have rarely been reported. Vepesid reaches high concentrations in the liver and kidney, presenting a potential for accumulation in cases of functional impairment

Pharmaceutical precautions The diluted infusion solution should be kept at room temperature and used within six hours.

Any solution showing signs of precipitation should be discarded. Vepesid should not be physically mixed with any other drug

Packs 10 capsules (£99.57 trade) 10 ampoules (£145.83 trade)

Supply restrictions Prescription only. Supplied to centres with experience in the chemotherapy of malignant disease
Issued July 1981 ■

Depo-Medrone with lidocaine

Manufacturer Upjohn Ltd, Fleming Way, Crawley, West Sussex

Description White, sterile, aqueous suspension for injection containing in each ml, methylprednisolone acetate 40mg and lidocaine hydrochloride 10mg

Indications Conditions requiring a glucocorticoid effect, eg anti-inflammatory, anti-rheumatic.

Recommended for local use where the added anaesthetic would be considered advantageous

Dosage The following injection routes may be used: intra-articular, peri-articular, intrabursal and into the tendon sheath. Dosage is as for Depo-Medrone injection. For infants and children the recommended dosage should be reduced, but dosage should be governed by the severity of the condition rather than by strict adherence to the ratio indicated by age or bodyweight. Intrasynovial injections should be carefully made using precise anatomical localisation. In the treatment of tendinitis care should be taken to inject into the tendon sheath rather than into the substance of the tendon

Contraindications Hypersensitivity to any of the components of the preparation. Heart block. Usual contraindications to the use of corticosteroids ie arrested tuberculosis, peptic ulcer, acute psychoses, Cushing's syndrome, herpes simplex keratitis, vaccinia and varicella

Precautions, side effects As for Depo-Medrone

Pharmaceutical precautions Should not be mixed with any other preparation as flocculation of the product may occur
Packs 2ml rubber-capped vials (£3.52 trade)

Supply restrictions Prescription only
Issued July 1981 ■

Adalat 5mg

The 5mg strength of Adalat is available as capsules and not tablets as stated in *C&D* July 4, p23. ■

Searle warning

A large quantity of medical products, including Searle products, have been disposed of as fire salvage items and are being offered for sale in the market, following a fire at the premises of a hospital wholesaler in Dublin.

Searle is concerned that such products may be defective owing to lack of sterility or other reasons. Where possible, Searle is endeavouring to ensure that such products do not reach patients. Searle say they cannot accept responsibility for any loss, damage or injury which may result from purchase or use of any such products which are: Foley catheters and drainage bags and SM 104 drainage bags. ■

Rybar spare parts

Rybar say that they continue to receive a "stream of complaints" from members of the public about their inability to obtain spare parts from local pharmacies. The spare-parts service was re-introduced some six months ago from *Rybar Service, c/o Seaford Laboratories Ltd, Cradle Hill Industrial Estate, Seaford, Sussex*. ■

Benztrone strength

The 2mg/1ml strength of Benztrone ampoules will be discontinued when present stocks are exhausted. *Paines & Byrne Ltd, Pabyrn Laboratories, Bilton Road, Perivale, Greenford, Middx*. ■

Trasidrex markings

Trasidrex tablets will now have the name "Trasidrex" printed on one side as well as "Ciba" on the other side. *Ciba Laboratories, Wimblesbury Road, Horsham, West Sussex RH12 4AB*. ■

Mesontoin dropped next year . . .

Mesontoin tablets will be discontinued in April 1982. *Sandoz Products Ltd, PO Horsforth Box 4, Calverly Lane, Horsforth, Leeds LS18 4RP*.

. . . Triperidol now

Triperidol will be discontinued when present stocks are exhausted. *Janssen Pharmaceutical Ltd, Janssen House, Marlow, Bucks SL7 1ET*. ■

Scholl fill the indoor gap for women customers

Scholl are launching a range of women's indoor sandals to give pharmacists "an opportunity to take a bigger share of the footwear market".

Sandals and slippers together account for nearly half of women's footwear purchases in this country with the total market for women's slippers in the region of 21 million pairs, the company says. Although 93 per cent of women own at least one pair of slippers, no indoor sandals are sold in volume through independent pharmacies to date, they add. Their new indoor range will fill this gap.

All the sandals feature the Scholl "footbed", moulded to support and cushion the foot and foam-padded for extra comfort. There are four styles — a towelling sandal with adjustable uppers in beige, two adjustable velour sandals in black or burgundy, and a non-adjustable velour sandal in mink (all £9.99). Sizes are 3 to 7 and special introductory deals are available.

For POS, Scholl will be providing a



showcard, a range chart and seasonal sleeves for the sandal boxes. A £50,000 campaign in women's magazines will support the range from October to December. *Scholl (UK) Ltd, 182 St John Street, London EC1P 1DH.* ■

A sporting chance for gentlemen

Bronnley are launching a range of toiletries "designed for gentlemen who appreciate the attractive elegant things of life and who know how to make themselves pleasing and desirable".

Sporting Chance comprises a chunky hand-finished, hand-wrapped bath soap (150g, £1.70; gift-boxed duo, £3.40), aftershave (115ml, £4.50), cologne (115ml, £6.95), bathfoam (115ml, £3.25),



deodorant stick (70g, £1.95) and shaving bowl and soap (100g, £5.50). The shaving bowl is handmade in English beechwood supplied with superfatted soap. Refills are available (£2.50).

The Sporting Chance fragrance is a blend of sandalwood, patchouli and ylang ylang with a bitter orange top note.

Marble-effect boxes in shades ranging from light blue to brown, together with a gold "sporting" seal and graphics make up the packaging for the range. *H. Bronnley & Co Ltd, 10 Conduit Street, London W1R 0BR.* ■

Nucross addition to pastiles

Independent Chemists Marketing Ltd have added Nucross menthol and eucalyptus (£0.44) into their medicated pastilles range. Others in the range include Gee's linctus, bronchial catarrh, blackcurrant & glycerine and glycerine, lemon & honey. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts. BA12 9JU.* ■

Coal tar Loxene

Loxene has been re-formulated with coal tar to make it an effective anti-dandruff treatment for all the family. As an introductory offer, twin 100ml packs are being offered for a price substantially below that of two single packs. *Reckitt Products, Reckitt House, Stoneferry Road, Hull HU8 8DD.* ■

Skin wash added to Oxy range

An antibacterial skin wash is being added to the Oxy range of products. Oxy Wash, say the manufacturers, the Norcliff Thayer division of Berk Pharmaceuticals, is to be used night and morning instead of soap or cleanser and is the only skin wash with benzoyl peroxide (10 per cent).

Duncan McLaughlin for Norcliff Thayer estimates the acne treatment market to be worth £9m and although static, believes it to be showing the first signs of decline. Of this the medicated wash market, he says, has a £5m share at consumer prices which, broken down gives Biactol 30 per cent, Clearasil lotion 32 per cent, Phisohex 7 per cent and all others 30 per cent.

Research into the market by the company found that the term "teenager" applies only to boys and girls who are twelve to fifteen. Nowadays, the 16-19 age group think of themselves as adult.

And the research found the mothers and young people interviewed believed that having spots was part of being adolescent. Other secondary causes were thought to be diet, grease, and inefficient removal of make-up. The weather and menstrual cycle were also thought to have an effect.

The teenagers all agreed that their mothers were sympathetic and supportive, often being the ones who buy medicated skin care products for their family, especially for the boys.

Oxy Wash (115ml plastic bottle, £1.99) will be distributed by Pharmagen. A three-month launch budget, in excess of £150,000 will promote Oxy Wash on Radio Luxembourg, Capital and local radio (Lancashire and Scotland) together with teen magazines from September. A television test area is planned for the end of the year.

Oxy is claimed to have captured a seven per cent share of the market in its first twelve months of launch with distribution through 75 per cent of multiple chemists and 53 per cent of the independents. *Norcliff Thayer, division Berk Pharmaceuticals. Distributors Pharmagen Ltd, West Lane, Runcorn, Cheshire WA7 2PE.* ■

Lane's lecithin

Lanes have introduced their own brand of lecithin — Lecigran. The powder is of soya bean origin and retails at £2.80 for 225g. *G.R. Lane Health Products Ltd, Sisson Road, Gloucester GL1 3QB.* ■

'Classic' variant completes Impulse line-up

Elida Gibbs are adding a sixth variant to their Impulse body fragrance/deodorant range — Jeunesse. Described as a simple floral fragrance in the classic tradition, the company says the product is indicative of a new trend, with women "rediscovering their femininity following a disillusionment with Women's liberation . . . it is a rejection of the 'me too' life-style brands".

Elida say this latest addition completes the range, and should add 20 per cent to the turnover of the brand, taking overall sales over the £6 million mark for 1981. The brand currently claims an overall share of 9.3 per cent, with the breakdown between food outlets and pharmacies at 10.3 and 8.8 per cent respectively.

The heavy advertising spend is set to continue, with a £1.3m spend for 1981 and the below the line programme will culminate this year in a series of consumer competitions and write-in sampling operations.

Now launched in 20 countries, Elida say Impulse is the leading perfume/deodorant in them all. The only serious challenge currently on the market, they



say, is Smith & Nephew's Limara, but this "has so far failed to make any impact on Impulse's international dominance".

They are now anticipating further gains for Impulse, lifting the brand share into double figures and Elida Gibbs overall share of the UK deodorant business in excess of 25 per cent. *Elida Gibbs Ltd, PO Box 1DY, Portman Square, London W1A 1DY.* ■

Barclays get sweet

Barclay's Enterprise operation is adding 50 top-selling confectionery lines to their PLOF service on OTCs.

The range will include brand-leading products from Cadburys, Mars, Rowntree-Mackintosh, Trebor and Swizzels-Matlow and a full range of merchandise support is available. Barclays say that from a very limited counter space they are confident of producing

significant extra sales profit and that the main purchasers are not children but housewives.

The top tier promotion running from July 27 to August 22 includes: Lucozade 26 oz, Enterprise baby pants, Thermos rough necks, Cow & Gate spoon foods and junior foods, Sunsilk hairspray, Nivea toilet soap triple-pack, Kotex Soft 'n Sure, Head & Shoulders 150g, Kleenex for Men, Listermint, and Elastoplast Airstrip. *Barclay & Sons Ltd, PO Box 97, 19C Orgreave Close, Sheffield.* ■

Macleans offer from Numark

The second part of Numark's national "sunshine parade" promotion will run in-store August 10 - 22. Beecham Toiletries have produced exclusively for Numark members a banded twin pack of large Macleans toothpaste, flashed "Half-price offer" in their freshmint and mildmint flavours.

Additionally, Numark have organised a lucky draw with Kimberly-Clark. There will be 24 prizes of Harrods drinks parcels, each worth £75, and all participants have to do is order at least four of the six Kotex products on promotion and return the lucky draw form to Warminster no later than August 17.

Products on promotion include Ribena, Lucozade, Sunsilk shampoo, Polycolor, Polytint, Dettol, Harmony, Wilkinson double-edge blades, Cow & Gate baby meals, Elastoplast dressing, Nice 'N' Easy, Macleans twin pack, Kotex Simplicity, Sylphs, Soft & Sure, minis, Brevia and New Freedom, Pearl Drops, Handy Andies, Cow & Gate fruit syrups, Mum Quick Dry, and Palmolive Rapid Shave shaving cream tubes.

Optional extras include Medijel, Germolene medicated footspray extra 25 per cent, All Fresh clean-up squares 2 free and Kwells. As usual, Numark's sunny superbuys will be advertised in the *Daily Mirror, Sun, Sunday Post, Womans Realm, Womans Weekly* and they will also appear on Ulster television. Local advertising will include the *Bradford Telegraph & Argus, Northampton Chronicle & Echo, Eastern Evening News* and the *Norwich Mercury*. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts BA12 9JU.* ■

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ENGLISH GRAINS
The name speaks volumes.

Aqua Manda trimmed, up-dated and Cedarwood relaunched

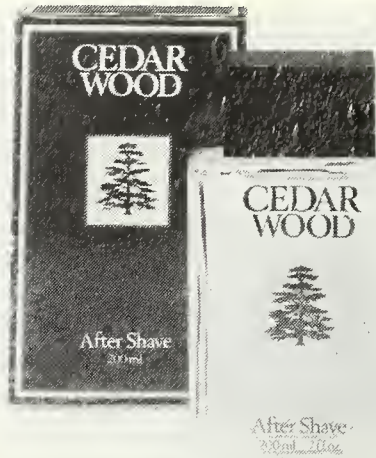
Goya are re-launching and streamlining their Aqua Manda range and are introducing new packaging for Cedarwood.

New Aqua Manda comes in updated, "chunky" plastic bottles in bright orange and has a more subtle fragrance. There is still a hint of oranges, but the aroma is a more gentle combination of citrus fruits and lemon balm. The range has been simplified to two lines — moisturising foam bath (500ml) and talc (250g) both retailing at £0.90.

Cedarwood has been given an up-dated look and fragrance to provide a "no-nonsense but sparkling" range.

The packaging is now in "chunky" bottles, designed to have a masculine appearance, with matching caps. A new design features the traditional Cedarwood green with the addition of a cream and brown trim. Goya say the fragrance is now greener, fresher, and lighter with a more positive outdoor quality. It is described as a long-lasting blend of cedarwood, patchouli, vetiver and musk oils along with other green notes.

For Christmas Goya are bringing out



three Cedarwood coffrets — two combine aftershave and talc (90ml and 50g £1.95; 100ml and 100g £2.75) — the third contains bodysplash 200ml and talc 100g (£2.85).

Goya are also now launching their body and bath range described in the Christmas Gifts supplement (C&D July 4). It consists of three new fragrances and four products each retailing at £0.95. *Goya International Ltd, Badminton Court, Amersham, Bucks HP7 0DE. ■*

Crunch variety for Slender bars

Carnation have added a new variety to their Slender bars range. Crunch bars are designed to add textural taste variety and contain wheat, nuts, oats, sultanas and



bran as well as minerals and vitamins.

Like the other varieties, two bars, the recommended serving, contain 250 calories and Carnation recommend that two meals a day are replaced as part of a calorie-controlled diet. There are six crunch bars per pack (£1.62).

Carnation say that while Slender

instant has retained brand leadership of the liquid sector of the market over the past two years, the introduction of Slender bars has now re-established total market leadership. The company believes that this success, in the face of increasingly stiff competition, is due to a combination of product innovation and sustained advertising support particularly on television. *Carnation Foods Co Ltd, Carnation House, 11 High Road, East Finchley, London N2 8AW. ■*

August refund in Unichem draw

Twelve Unichem members will get the whole of their August OTC orders refunded in a "Royal Wedding" draw.

Details of the draw will be circulated with Unichem's new counter list on or near the Wedding date and members need do nothing except place their August orders for any quantity of OTC product lines except those already on special offer. There will be 12 prizewinners — one from each Unichem branch — and they will be sent cheques after the draw takes place, at the beginning of September. *Unichem Ltd, Crown House, Morden, Surrey. ■*

Vanilla flavour for HPD range

Unicliffe are launching a third flavour of HPD — vanilla — with an on-pack offer.

The company says that HPD is now the leading liquid meal replacement nationally available with a sterling share of 13 per cent. Sales have doubled in one year, with the chocolate version being totally incremental to existing sales and their research has shown that demand for flavoured versions is high. Chocolate HPD was so successful that the decision was taken to launch another flavour almost immediately.

There will be an introductory 30p money of next purchase offer and support by an extension of the HPD shaker promotion. An initial bonus for retailers will be available. *Unicliffe Ltd, 5 Trident Way, International Trading Estate, Brent Road, Southall, Middx UB2 5LF. ■*

Iglodine transfer

The manufacture and distribution as well as outstanding orders of all Iglodine products has been transferred to: *Ayrton Saunders & Co Ltd, 34 Hanover Street, Liverpool L1 4LN. ■*

ON TV NEXT WEEK

Ln	London	WW	Wales & West	We	Westward
M	Midlands	So	South	B	Border
Lc	Lancs	NE	North-east	G	Grampian
Y	Yorkshire	A	Anglia	E	Eireann
Sc	Scotland	U	Ulster	CI	Channel Is

Anadin:	All areas
Andrews Liver Salts:	All except U, E
Anne French:	We, U, B, A
Colgate Dental Cream:	All areas
Elastoplast:	All except E, CI
Ex-lax:	So
Hedex:	All except U, E
Impulse bodysprays:	All areas
Limara:	All areas
Paddi Cosifits:	All areas
Parozone:	All areas
Pears shampoo:	All areas
Signal:	Lc, Y, Sc, B, G, E
Silvikrin shampoo:	All areas
Sunsilk hairspray:	All areas
Sure:	All areas
Sure for Men:	All areas
Ultrabrite:	All except M, A, Lc
Vosene:	All areas
Wet Ones:	All areas



A couple of words from you can help stop a lot of this.

A couple of words from you recommending Crest+ to your customers could help stop a lot of tooth decay in their children.

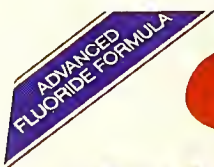
Why? Because Crest+ is the biggest step forward any toothpaste has made since the introduction of Crest itself 25 years ago.

After ten years of intensive research and three whole years of the most extensive clinical trials ever conducted for a toothpaste Crest+ was proved beyond doubt

to be more effective at reducing decay than even Crest, one of the best fluoride toothpastes.

If you'd like a summary of the results of the clinical trials together with a more detailed explanation of how Crest+ works, write to us.

We want you to be convinced.



Crest 



Crest 

Helping to make tooth decay a thing of the past.

Better dental awareness equals profit potential?

As dental health awareness slowly increases in the UK pharmacists have an excellent opportunity to both exercise their professional knowledge and increase their oral hygiene sales.

The 1968-1978 adult dental health survey, published last year, showed that although the general state of teeth in England and Wales had improved considerably in ten years, there was still a long way to go. Twenty-nine per cent of adults had still lost all their natural teeth in 1978, for instance, and only 46 per cent claimed regular attendance at their dental practice.

NHS dental re-imbursement may be partly to blame for this and it was recently suggested that dentists should be paid a small sum for each patient on their list — regardless of repair work — which would switch the emphasis more towards prevention. However, dental health education can be undertaken in many different ways and it seems that far more is being done now than for a long time.

Manufacturers of dental products are playing a large part in public education — the Gibbs Oral Hygiene Service has been very active lately with the introduction of the "Jerry Gibbs and Magic" series of books and posters and the recent crop of leaflets, posters and wall charts under the theme "Prevention that works".

The NDHAC (see later) is sponsored by several companies and last year Cooper Health sponsored a General Dental Council show card specifically designed for window display in pharmacies. Over 5,000 show cards were requested and Cooper Health representatives reported that 45 per cent of pharmacies who had the cards displayed them prominently with an arrangement of dental items.

With such a good response this may seem like preaching to the converted, with pharmacists already aware that they are in

an ideal position to promote preventive dentistry. However the article opposite seems to testify against this, only a small proportion of pharmacists apparently stock a wide selection of preventive appliances.

While some pharmacists may argue that keeping such rarely-used items would be uneconomical, if pharmacies are going to fight back against the ever-encroaching supermarket, they must show their superior expertise and professionalism. Keeping one or two dental mirrors etc and, just as importantly, displaying them, is hardly going to cause a stocking crisis and could make all the difference. ■

Therapeutic benefits from relaunches

At around £70 million at rsp, the toothpaste market is by far the biggest in oral hygiene. It is probably one of the most reliable of all toiletries as, unlike some other products such as mouthwashes, sales are not adversely affected by a recession. And with the continuing improvement in dental health education, volume growth — although slight — seems assured.

Colgate-Palmolive claim brand leadership with a 27 per cent share for Colgate Dental Cream over the first half of 1981. Second place is taken by Macleans Fluoride, which, Beecham say, held 20 per cent over the last 12 months.

The seven largest toothpaste brands which as well as the previous two include Crest, Gibbs SR, Signal, Aquafresh and Ultrabrite, account for about 85 per cent of all sales. All these brands are heavily supported by both advertising and other promotions and are frequently relaunched. The latest relaunches have tended to concentrate on increased therapeutic benefits by improving their fluoride performance.

Last year, for example, Colgate Dental Cream was given a mixed fluoride formulation comprising sodium fluoride

as well as sodium monofluorophosphate and calcium glycerophosphate — a "fluoride-improver" — was added to Macleans. In April this year both Signal and Crest were reformulated. The fluoride level in Signal was increased from 1,000 parts per million to 1,500 to give children greater protection against tooth decay.

Procter & Gamble changed the name of their brand to Crest + and claimed that the new sodium fluoride and hydrated silica formulation enabled the paste to deliver a significantly higher level of active fluoride to the tooth and into the tooth's surface where cavities begin. Crest + will be one of the products involved in a British Rail promotion beginning in September. A monthly train pass covering an unlimited number of Awayday, weekend and monthly returns and allowing a companion to travel free will be available on proof of purchase of nine out of 12 "leading" brands. A national television campaign will promote the offer and there will also be national and women's Press advertising.

Other campaigns

Clinomyn is being advertised on television for the first time. A two month campaign in Scotland starts in mid August — Scotland was chosen because of the above-average numbers of smokers. National Press advertising will run from August throughout 1981.

Colgate Dental Cream is being supported by national television advertising until September as well as national and womens Press (also see p136).

Emoform campaigns are being aimed at dentists, hygienists and patients and bonus offers are available from Wigglesworth representatives.

Eucryl's new flavour will be promoted in the national Press from August. The promotion offering a 50p piece for three bands from special packs remains open until March 1982.

Euthymol sales increased by 23 per cent in volume through pharmacies in the first months of 1981 over the same period last year and to maintain this expansion the product is being advertised by radio and national Press.

Gibbs SR will be backed by a total of £900,000 national television advertising this year — the next burst starts August.

Pearl Drops are being backed by £200,000 in the second half of their campaign. The new advertisement features the headline "Pearl bright smile, pearl white teeth" and will appear in September issues of fifteen womens publications.

Signal advertising continues until mid-September with the "danger zones" commercial being shown nationwide. ■



Jerry Gibbs and Magic, his toothbrush

The availability of aids to preventive dentistry

Although most patients would expect a pharmacy to stock such products, the response from retail pharmacy seems to be rather poor — with the result that dentists are beginning to sell preventive aids themselves. Mr B.J. Millar and Miss J.M. Reid, a dentist and dental hygienist practising in Kent, examine the problem.

Preventive dentistry has advanced rapidly over the past decade with the introduction of many new methods of assisting the maintenance of a healthy oral condition. Such advance has brought about a demand from the dental profession and patients for preventive products. Patients have been encountering difficulties in obtaining recommended products from the majority of pharmacies. This article aims to list such products indicating their relevance to preventive dentistry and suggesting how the problems may be overcome.

The products now being advocated by those practising preventive dentistry fall mainly into two groups. Of the therapeutic aids the most widely recognised are fluoride and chlorhexidine gluconate. Fluoride in both systemic and topical forms reduces caries incidence at all ages. Problems frequently encountered are the inability of patients to purchase fluoride rinses such as Point-two.

The use of 0.05 - 0.2 per cent chlorhexidine gluconate as a plaque-inhibiting mouthwash is widely accepted. This solution may also be used as an over-night denture soaking medium and with an oral irrigation device such as a Water Pik. Both of these applications require substantial volumes of the solution on a more regular basis. To make this within the patients means it is advantageous for them to purchase chlorhexidine gluconate in the basic non-proprietary form. It is important to realise the difference between this and the antiseptic or mint flavoured mouthrinses which are ineffective as regards plaque control

although will temporarily improve oral freshness.

The second group of preventive products are those which aid the removal of plaque. Problems have not been encountered with patients obtaining the recommended short-headed, medium nylon toothbrushes (see table 1). A toothbrush ought to be replaced at least every 2-3 months to retain its efficacy. A worn brush is not only inefficient but can also be traumatic to the gingivae. A small compact head is essential to gain access to all parts of the mouth. Nylon bristles are preferable as they have less tendency to harbour micro-organisms, are non-porous, and can be manufactured to higher specifications. Disclosing agents are perhaps the best aid to improving plaque removal and whereas the tablets are widely available, the solution form, for example Evident, which is more cost-effective and preferable to certain people, such as the partially dentate, is not easily obtainable. (See p142 for further information on this product). The detection of all the areas of disclosed plaque is easier if the patient has a dental mirror. Again, these are not readily available (See table 2).

Interproximal cleansing is achieved by the use of dental floss, dental tape, interdental woodpoints, special "bottle"

Table 1: Twenty local pharmacies selected at random were asked which of three widely recommended average adult toothbrushes they regularly kept in stock.

Pharmacies stocking only one	3
Pharmacies stocking two	2
Pharmacies stocking three	15

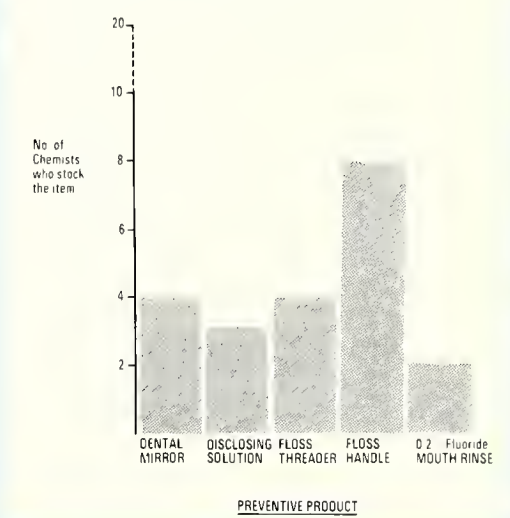
type brushes or interdental brushes. Dental floss, interdental woodpoints and interdental brushes are already easily found and Dentotape is a new product which is only just available. "Bottle" type brushes, e.g. Perio-aid by Butler, are only occasionally required and hence it would be best if they were ordered upon request. The manipulation of floss often proves to be difficult and the specific aids to overcome this are floss threaders, which act like needle threaders, and floss handles.

One must be aware of the loss of motivation which occurs when the patient cannot obtain the suggested aids soon after leaving the surgery. Due to the existing difficulties an increasing number of dental practices now sell a limited selection of products to patients at near cost price.

Pharmacies often stock dental products we rarely recommend, but probably the dental profession is largely to blame for its diversity of views and lack of uniformity. Consultation between local dental practices and pharmacies will ensure that the recommended products are available or ordered for the patients. Also the dental suppliers' representatives may be able to offer useful advice.

By keeping pace with the products that the dental profession recommend, the patient and the pharmacist can only benefit. ■

Table 2: Twenty local pharmacies selected at random were asked if they stocked a variety of preventive dental products.



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'Pro' brush sales increase in £20 million market

The total UK toothbrush market will be worth between £20 million and £23m in 1981, according to various manufacturers. Although small by comparison with toothpaste sales it is becoming increasingly important — especially with the growth of "professional" toothbrushes and the opportunities for pharmacies to capitalise on this.

How often do *you* change your toothbrush? There is, obviously, very little point in posing the question here because all pharmacists no doubt change theirs every three months at least. But since, in the UK, the average replacement rate is one a year those brave enough to risk personal injury and loss of custom might well try asking their customers. Especially as this is one case where increased revenue and professional opinion go happily hand-in-hand.

The same can be said for "professional" toothbrushes. Cooper Health define these as "toothbrushes which conform to standards that are acceptable to dentists and are recommended by dentists for their patients' use" and say that, in general, such brushes have soft, nylon filaments which are rounded at the ends and densely packed to provide maximum cleaning power, straight handles for maximum control and small, compact heads for easy access to all the mouth. The point is, that although professional toothbrushes are still the smallest part of the market, they are increasing their share rapidly, they are the largest toothbrush sector sold through pharmacies, and they are usually premium-priced. All of which should be good news for the pharmacist.

55 per cent by 1991

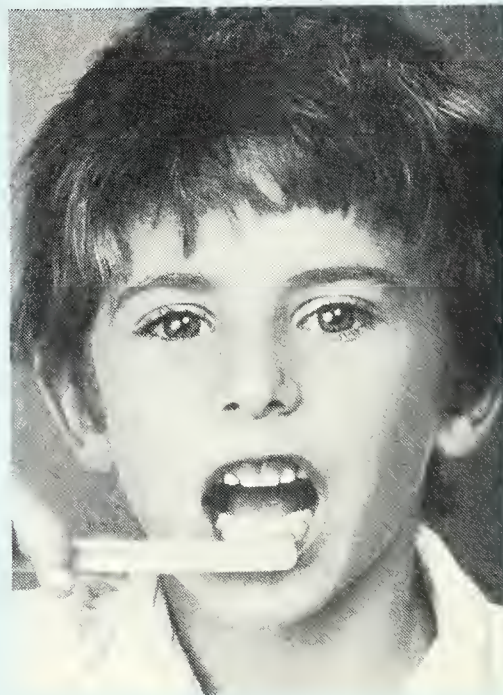
Professional toothbrushes were introduced into the UK ten years ago with the arrival of Oral B, and now account for 30 per cent of all toothbrushes sold, according to Cooper Health. During the next ten years they expect this figure to increase to 55 per cent. Oral B brushes have always dominated this sector, they say, and now hold a 52 per cent share compared with just over 28 per cent for Sensodyne and about 20 per cent for Wisdom.

Demand for the brushes is created mainly by Cooper's sales team which calls on dentists and hygienists to obtain

professional endorsement for the brushes and to give out display material and patient leaflets. Over a million leaflets will be distributed to dental surgeries this year. Coopers say consumer loyalty to Oral B is extremely high and that users change their brushes more frequently than the national average.

In addition to the six sizes for natural teeth, the company has recently introduced an Oral B denture brush. This softer brush was developed in conjunction with dentists and comes with its own free-standing unit enabling it to be positioned either on the counter or with the denture cleansers.

Stafford-Miller rate the professional sector rather higher — at 35 per cent. Sensodyne toothbrushes are the fastest growing brand in the market, they say, currently holding a 12 per cent sterling share in pharmacies. A total spend of £250,000 has been allocated to support the brand in 1981 with a radio campaign which began in April. Awareness of the Sensodyne brand name increased by over 200 per cent since radio advertising began and sales have been equally successful.



Courtesy Concept Pharmaceuticals Ltd

Promotion to the dental profession by detailing and advertising is another part of the company's support for the brand. All Sensodyne toothbrushes are currently on bonus and pharmacists should see Stafford-Miller representatives or contact the company for details.

In March Addis extended their Mouth Master range with the addition of the midi. This professional range now consists of the standard Mouth Master, the major, the minor and the Space Master with the midi fitting in between the first two. Addis are now introducing another Wisdom professional brush, but not in the Mouth Master range.

New Wisdom brush

The Wisdom Quest is said to embody the most recent thinking among the dental profession in Australia, the US and other overseas countries as the most effective plaque remover. The head is only $\frac{7}{8}$ in but contains over 2,000 brushing filaments arranged in a dense, diagonal pattern with shorter filaments along the centre for cleaning the tooth surfaces and longer ones along the side to penetrate the gum margin. The handle has a "comfort grip" while the long thin neck is angled for easy access to all the mouth.

Two filament strengths are available — soft and medium — and the six-dozen outer contains 24 soft and 48 medium. The outer converts into a display carton. There are six colours and each pack is bar coded. Retail price of the Quest will be about £0.68.

The Wisdom "brush, brush, brush" radio campaign is being extended to November and in October and November the advertisements will be modified to include the Quest.

Other activity so far this year includes a relaunch of Gibbs' professional toothbrush under the title "SR plaque remover" and the introduction of a children's toothbrush by the same company. The plaque remover has a row of angled filaments to penetrate between the teeth and into the gum edges on either side of the central vertical filaments and Gibbs say clinical trials have shown it can remove up to 40 per cent more plaque than ordinary toothbrushes. The children's toothbrush is based on the "Magic toothbrush" character from the Jerry Gibbs cartoon books produced by the Gibbs Oral Hygiene Service.

Finally, Concept Pharmaceuticals have extended the Elgydium range with the addition of a small head brush and Inava flexihead brush. The range is only available through chemists and department stores and is not price promoted. ■

Dental floss expansion ahead as brand leader doubles range

Johnson's dental floss, already the obvious brand leader, is being relaunched with two additional variants and new packaging.

The two additions are Dentotape — the first dental tape to be introduced into the UK — and mint floss. Both will be available from August 1. Dentotape is made from waxed floss but is wider than normal. It is recommended by dentists for first-time users as it tends to "snag" less on the teeth. Johnsons say their trials have proved that the product will expand the market by encouraging new users to persevere.

Mint floss is also waxed and is being introduced to encourage flossing in young people. Fifty per cent of under-18-year-olds and 29 per cent of those in the 19-24 age group prefer mint-flavoured floss, Johnsons say.

All four variants are packed in white plastic cartons on backing cards, which outline the method of use and allow the dispensers to be hung from wire hooks. Johnsons are changing from 24-pack to 12-pack cases so that all the variants can be stocked without an increase in space, and the cases contain cardboard display trays for use instead of wire hooks.

Johnson & Johnson estimate the dental floss market at about £1.3 million



and say it has grown by 60 per cent over the last two years. Their own brand takes a 74 per cent share. They think the market will grow at an increased rate, and since 73 per cent of people use floss after recommendation by their dentist or oral hygienist, they are currently securing professional endorsement for their product through their dental division. Patient education leaflets, giving a step-by-step guide to flossing, are being distributed, also by their dental division.

Other manufacturers of dental floss also predict much growth. Cooper Health expect sales to triple over the next five years and say their Oral-B floss represents

good value for money. Colgate value the market at about £1m and say these should be "significant" growth over the next 12 months although they point out that lack of consumer advertising has stunted potential growth. ■

Fluoride dosage

The Dental Health Committee of the British Dental Association has recently reviewed supplemental fluoride dosages.

The new recommended doses where the concentration of fluoride in drinking water is less than 0.3 parts per million are 0.25mg fluoride daily for children 2 weeks to 2 years, 0.5mg daily for children 2-4 years and 1mg daily at 4-16 years. Where the drinking water concentration is between 0.3 to 0.7 ppm the dosages are reduced to 0.25mg for 2-4 years and 0.5mg for 4-16 years with no supplementation for children 2 weeks to 2 years. No supplements should be given if there is more than 0.7 ppm in the water.

As young children are liable to swallow toothpaste and as it is impracticable to recommend a non-fluoride toothpaste, the Committee suggests that if fluoride supplements are given to pre-school children then the quantity of toothpaste should be limited to 0.3g — the size of a small pea. Fluoride tablets should be sucked or chewed as soon as children are old enough so they can exert a topical effect. ■

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**Clinomyn Smokers
Toothpaste**

removes tobacco stains without harsh abrasive action

Between them they'll capture the entire dental floss market.

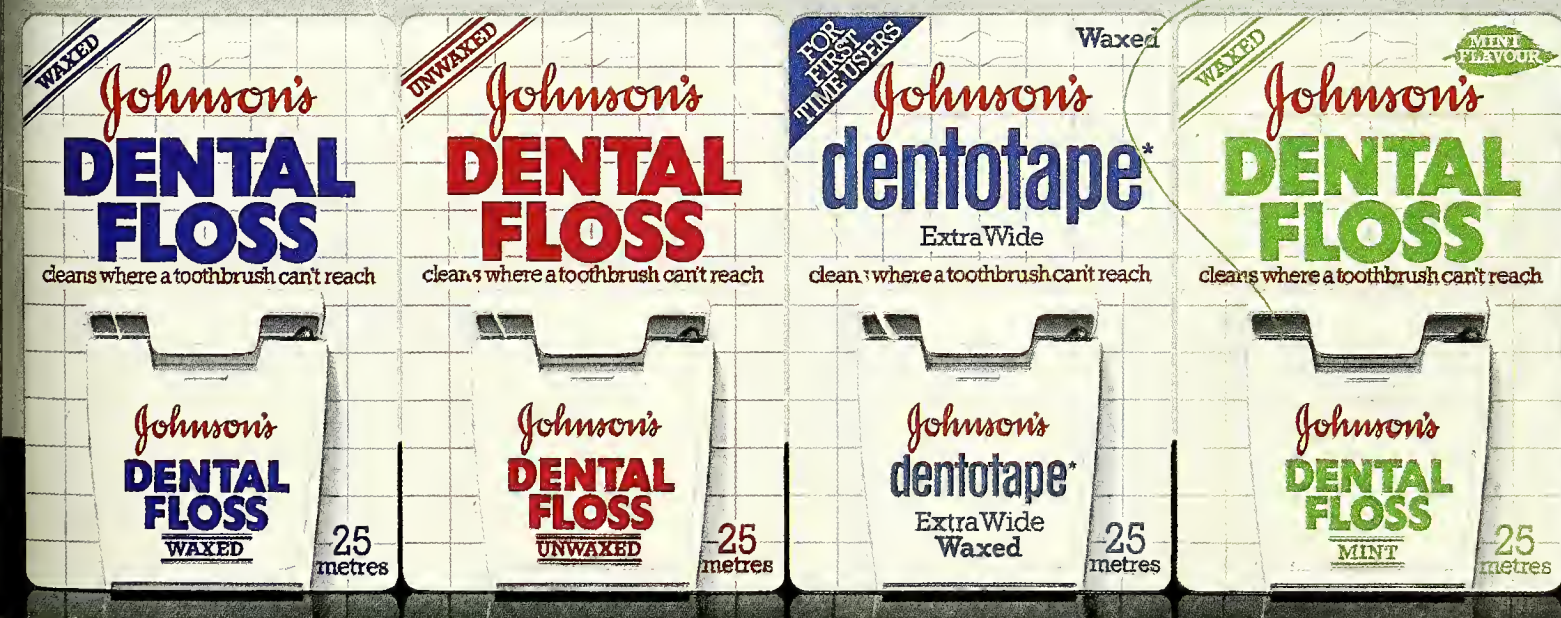
When you've a product that has 70% of a rapidly growing market, it's tempting to sit back smugly and do nothing.

But at Johnson & Johnson we've actually found a way to make

that market grow faster still.

We're introducing Dentotal with a wider ribbon for first time users and Mint Flavoured Floss for young people.

We've also given all 4 flosses



n exciting new look, which will
ome in packs of 12 instead
f 24, so they won't take up any
extra room.

(They'll sell so quickly there
seems little point in hogging all

of your shelf space.)

So if you want to start pulling
in all these new customers, we
suggest you round up our range as
soon as possible.

Johnson & Johnson
*Trademark © Johnson & Johnson Ltd. Slough, 1981.

Mouthwash claims crumble as recession bites

This time last year all the cosmetic mouthwash manufacturers agreed on one fact — the market was healthy, lucrative and all set to expand rapidly to £10 million by the end of 1980. As we now know, it just didn't happen and amid all the retractions and mutterings of "recession", pharmacists may be wondering what to do with their unsold bottles.

Optimism still abounds however — when Ashe launched their Double Amplex mouthwash last month they still predicted market growth to £10 million this year and £20 million by 1983. Unicliffe are more cautious — they estimate the cosmetic mouthwash market was worth £2.5 million last year rising to a value of £4.2 million when "therapeutic" mouthwashes are included.

Growth potential still

However, the company still believes in the growth potential of cosmetic mouthwashes. During what is probably the worst recession since the war sales still increased by 45 per cent in 1981 so far over 1980. Moreover, nearly all this growth came from Mintgard's entry, they say. Unicliffe expect the "green" mouthwash market to approach £4 million this year and double in size as the effects of the recession lessen in 1982.

Perhaps Ashe could be justified in their optimism — after all they report a 10 per cent volume growth in overall sales of their Double Amplex capsules so far this year, along with steady increases in sales of Gold Spot, which is being supported by magazine advertising. Interestingly, the smallest Double Amplex size has seen the largest volume increase — 28 per cent — although these represent the least value for money. This could mean that consumers are reluctant to pay a "large" sum for what they regard as a luxury item.

Price has obviously played some part in the marketing of Double Amplex mouthwash. The label contains the words "big value shatterproof pack" and at £0.75 for 300ml it is certainly relatively cheaper than either Listermint or Mintgard.

Although positioned in the "green" mouthwash sector, Double Amplex is coloured blue. The other blue cosmetic mouthwash is Reply, but it is most unlikely that Ashe want their mouthwash to follow in its footsteps. Reply is still on test and shows no sign of going into national distribution although Elida Gibbs say test sales are doing very well.

Warner-Lambert estimate the total mouthwash market at £6.1 million and claim a 45 per cent share and brand leadership for Listermint with Listerine at number two position in the total market holding a 40 per cent share in pharmacies.

Both products have national advertising campaigns this year — Listermint on television and radio and Listerine in the Press. Listerine is also being advertised on tube cards in the London Underground.

Listermint checklist cards advising on how to prepare for job interviews have been sent out to over 136,000 school leavers this summer. Examples were circulated to 2,200 secondary schools in England and Wales and over one third ordered copies. The pocket-sized cards explain how to dress, what questions to ask prospective employers and how to project oneself. They have the pay-off line "Issued by Listermint antiseptic mouthwash in the interests of personal confidence".

Brand leadership is claimed for another Warner brand, Oraldene, in the "ethical" sector. The company says it has been the undisputed number one brand for many years and owes this position to prescription use and recommendation by pharmacists. Also in the ethical sector, Corsodyl is currently being promoted to dentists. A counter-merchandise for the mouthwash and gel is available to pharmacists and a 13 for 12 bonus can be obtained from ICI representatives.

Oral lesion preparations

Related to the ethical mouthwashes are the "oral lesion" products — the market for which Reckitt & Coleman estimate will be worth £3.5 million in 1981. Bonjela's 34 per cent share will make it brand leader, they say, and consumer advertising for the product in women's magazines and the mother and baby Press will continue until September. Two new display pieces, a shelf card and counter unit will be distributed by company representatives and Bonjela leaflets giving advice on teething problems are available to pharmacists from Reckitts.

Oralcer will continue to be advertised in the national Press throughout the year and into 1982 with window/counter stickers available. Vitabiotics intend to replace the current plastic containers with strip packaging in the near future.

Oral B dental gel, introduced in January, was specifically formulated for several indications and all ages. ■

More coverage for dental campaign

Each year, the National Dental Health Action Campaign tries to help educate the public to a higher standard of awareness of dental care. The campaign involves all media, and this year the coverage is expected to be even greater, carrying the theme "Yours — for as long as you care" throughout the country.

This year the campaign will run from September 21 to the 26 and hopefully, as in previous years, many pharmacists will use the opportunity to mount a display of oral hygiene products to meet the expected increase in public interest.

Free dental care kit

As one of the main sponsors, Colgate-Palmolive are conducting an "on pack" promotion featuring a free family dental care kit. The packs carrying this offer will be available from next week enabling pharmacists to plan displays in good time for the campaign. Each kit contains: a 30ml tube of Colgate Dental Cream, a toothbrush, a tube of Colgate dental floss, four disclosing tablets, six lapel stickers, one bathroom mirror sticker, a Diet card, two specially designed posters for colouring and a guide to the care of the family's teeth.

The campaign seeks to involve children by organising a paint-a-poster competition, for which children are asked to design posters with a dental health message. In January this year, 36,000 schools received entry forms to the competition, and approximately 11,000 entries have been received.

Posters will be judged on both artistic merit and the strength of the dental health message, and the winners will receive their prizes from a surprise guest at the presentation arranged during the campaign week. Apart from personal prizes the winner from each of the seven categories — three age groups in the North and South, and a special section for the handicapped — will receive a £250 cheque for their school.

For the dental profession the 1981 campaign will concentrate on the results of a survey conducted among general dental practitioners, to ascertain their views on preventive dentistry — which preventive practices they currently employ and which they would like to employ in an ideal situation. The results will be presented at the symposia, held in London and Edinburgh. In previous years the symposia have attracted over 1,500 dental professionals. ■

More partial denture wearers leads to product innovation

The UK's 18 million denture wearers are currently spending around £20 million a year to clean their artificial teeth. And although the improvement in dental health noted in the 1969-78 survey (see page 128) should mean that less dentures overall are required, the number of people with dentures seems unlikely to decrease very much in the near future.

Reckitt & Colman certainly agree with this analysis. They estimate that the proportion of partial denture wearers will increase from the present 40 per cent to around 50 per cent in the next 20 years as the standard of oral hygiene improves. Their latest product, Steradent Fresh (C&D, July 11, p46), was introduced to take account of these market changes and to capture the 40 per cent of denture wearers who prefer brushing to soaking.

The company forecasts a 15 per cent brand share for Fresh after a year, with a third of these sales coming from consumers new to the denture cleanser market. The predicted high sales are partly due to the frequent use of denture pastes compared to soaking products — whereas most users brush their teeth / dentures twice a day — Steradent tablets, for instance, are only used 2.4 times a

week, on average. With such high hopes for the brand, Reckitts are supporting the launch with their biggest-ever single television campaign — £670,000 for the rest of the year.

Among the rest of the range, Reckitts say alkaline Steradent is the market leader, while Deep Clean is the fastest growing brand in the market and holds the number two position.

Stafford-Miller agree that there is a trend towards brushing products and point out that denture paste sales are traditionally strong in chemist outlets. They estimate the independent chemist share of the total denture cleanser market to be just over 30 per cent.

Their research showed that consumers thought stain removal and fresh taste were the major benefits of a denture cleanser, so their advertising concentrates on the way Dentu-Creme achieves these benefits. The first television burst this year produced a 25 per cent sales uplift in the areas covered and even better results are expected from the current campaign. All sizes of Dentu-Creme are on bonus at present and details should be obtained from company representatives. ■

Growth predicted for fixatives

The denture fixative market is dominated by Stafford-Miller who claim their total share has risen to 68 per cent. They estimate the total market to be worth just over £5 million with 40 per cent of sales going through chemist outlets.

As their research has found that only 8 per cent of denture wearers currently use a fixative they are convinced that the market has considerable growth potential. In order to convert non-users the company are spending £1.5 million on advertising this year — their biggest campaign yet. Super Poligrip is the only fixative advertised on television and



Stafford-Miller reported a significant share uplift after their early campaign this year. Following last year's success, Super Wernets are being supported by national and womens Press campaigns throughout the year. ■

WISDOM QUEST

A very individual new toothbrush

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* **Fine round ended nylon filaments** are densely filled — cannot harm delicate gum tissue.

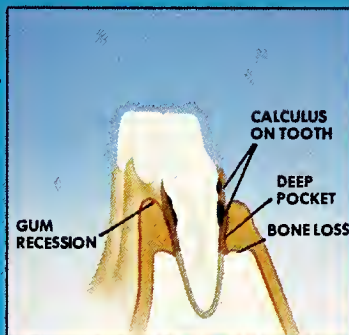
* **Diagonal brush pattern** provides firm yet gentle brushing surface.

* **Concave brush trim** is unique, and designed to remove plaque effectively from all tooth surfaces along the gum line where harmful plaque gathers.

* **Substantial handle with concave comfort grip** for precise control and manoeuvrability.

What is plaque?

"Plaque is hard-to-see sticky film composed mainly of bacteria which forms constantly on the teeth and gums.



SEEKS OUT AND REMOVES PLAQUE-FORMING BACTERIA

It is the body's own bacteria which grows even in the absence of food. If allowed to remain on the teeth it may harden and form a deposit called calculus (tartar).

The gum becomes red and swollen and a pocket forms between the gum and teeth, which fills up with plaque. The fibres which hold the teeth to the bone, and the bone itself are then attacked and the pocket deepens. This is gum disease, which leads to tooth loss."

Reference: British Dental Health Foundation.

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		Pack	List Price	Quantity Rate Unit	Quantity Rate Price	Order	Code
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IBUPROFEN Tablets	200mg	500	9.60	2	8.00		IBU 9H
IBUPROFEN Tablets	400mg	250	9.50	3	7.85		IBU 8L
INDOMETHACIN Capsules	25mg	500	15.60	3	8.50		IND 65B
INDOMETHACIN Capsules	50mg	100	6.40	2	4.50		IND 66U
METHYLDOPA Tablets	125mg	250	5.50	2	3.50		MET 318X
METHYLDOPA Tablets	250mg	1000	26.50	2	20.25		MET 319E
METHYLDOPA Tablets	500mg	500	26.50	2	20.25		MET 320V
NITRAZEPAM Tablets	5mg	500	4.75	3	2.60		NIT 61N
OXYTETRACYCLINE Tablets	250mg	1000	10.50	3	7.40		OXY 84F
PENICILLIN V Tablets	250mg	1000	14.00	2	11.00		PEN 311E
PENICILLIN V Syrup	125mg	100ml	0.44	12	0.40		PEN 309Y
PENICILLIN V Syrup	250mg	100ml	0.80	6	0.58		PEN 310X
SPIRONOLACTONE Tablets	25mg	500	28.50	2	25.00		SPI 74E
TETRACYCLINE Tablets	250mg	250	2.95	2	2.65		TET 144B
TOLBUTAMIDE Tablets	500mg	500	5.40	2	4.50		TOL 42X

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Bexhill 220404 (STD 0424)

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Bristol 559893 (STD 0272)

CARDIFF

Vestric Ltd., 3 Dyfrig Road, Ely, Cardiff CF1 4JU
Cardiff 564822 (STD 0222)

CARLISLE

Vestric Ltd., Units 3 & 4, Kingstown Industrial Estate, Kingstown Broadway, Carlisle CA3 0HA
Carlisle 34461 (STD 0228)

DUNDEE

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Dundee 89221 (STD 0382)

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Vestric Ltd., 4B Milton Street, Abbeyhill, Edinburgh EH8 8HF
031-556 8281

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Gateshead 605181 (STD 0632)

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Vestric Ltd., PO Box 1, 88 Bury New Road, Heywood, Lancs. OL10 4RQ
Heywood 69931 (STD 0706)

HULL

Vestric Ltd., PO Box 56, Stoneferry Road, Hull HU8 8EE
Hull 24781 (STD 0482)

KINGS-WINFORD

Vestric Ltd., Stallings Lane, Kingswinford, Brierley Hill, West Midlands DY6 7LB
Kingswinford 296000 (STD 0384)

LEEDS

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LIVERPOOL (Speke Branch)

Vestric Ltd., PO Box 9, Shaw Road, Speke, Liverpool L24 9JZ
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SPECIAL OFFERS

		Pack	List Price	Quantity Rate Unit	Quantity Rate Price	Order	Code
FRUSEMIDE	40mg	1000	17.20	3	6.50		FRU 28A
QUININE Bisulphate	300mg	500	21.00	3	12.00		QUI 125R
QUININE Sulphate	300mg	500	21.00	3	12.00		QUI 126N
PROPRANOLOL Tablets	10mg	500	5.80	2	2.25		PRO 737P
PROPRANOLOL Tablets	40mg	1000	27.75	2	10.00		PRO 738L
PROPRANOLOL Tablets	80mg	500	20.75	2	7.80		PRO 739H
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		Pack	List Price	Quantity Rate Unit	Quantity Rate Price	Order	Code
AMITRIPTYLINE Tablets	10mg	500	2.80	2	2.25		AMI 130K
AMITRIPTYLINE Tablets	25mg	500	4.80	3	3.50		AMI 131G
AMPICILLIN Capsules	250mg	500	17.00	3	12.45		AMP 97W
AMPICILLIN Capsules	500mg	250	17.00	3	12.45		AMP 98S
AMPICILLIN Syrup	125mg	100ml	0.65	12	0.54		AMP 99Y
AMPICILLIN Syrup	250mg	100ml	1.10	6	0.87		AMP 100M
BENDROFLUAZIDE Tablets	5mg	1000	4.95	2	3.60		BEN 295X
CHLORPROPAMIDE Tablets	100mg	500	4.50	2	3.25		CHL 342P
CHLORPROPAMIDE Tablets	250mg	500	11.00	2	7.75		CHL 341T
CO-TRIMOXAZOLE Tablets	400/80mg	500	28.50	2	21.00		COT 250P
DIAZEPAM Tablets	2mg	1000	3.80	3	1.95		DIA 223G
DIAZEPAM Tablets	5mg	1000	5.00	3	2.20		DIA 224C
DIAZEPAM Tablets	10mg	500	4.70	2	2.20		DIA 225V

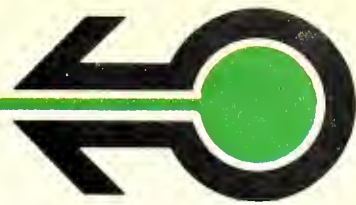
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Supplement to Chemist & Druggist 25.7.81

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Denivit — marketing the whole range

Although Denivit is not the only range of oral hygiene products in the UK, it still represents something of a "first" for the market. The other ranges were introduced bit-by-bit and tend to consist of a "major" product with a well-known name and several "minor" products brought out under the same name (Colgate and Oral B are examples).

Even though the Denivit toothcream is likely to achieve larger sales than the other two products because of rate of usage, it is still the whole range concept which is being marketed — a fact reflected by the POS material and advertising. KemaNobel, the manufacturers, recommend merchandising the range together and a counter unit is available for this purpose.

Denivit has been on the Swedish market for about three years and was developed in conjunction with the University of Gothenburg and the

Swedish Dental Health Authority. After a "highly successful" test market in Granada where the toothcream initially carved out an 8 per cent share of the paste market, eventually settling at 5 per cent the range was launched nationally in the UK at the beginning of the year.

Marketing people often talk about the USP of a new introduction — the unique selling proposition — without which no new brand can hope to succeed. The USP of Denivit toothcream must surely be its claim to effectively remove stains without being abrasive. Independent tests have shown that Denivit has lower abrasivity towards enamel and dentine than the majority of other pastes and substantially lower values than those of the most abrasive pastes. When first introduced in the test area the toothcream did not contain fluoride but after criticism from dentists and users, the standard amount of fluoride was added.

The Denivit brush is in the "professional" category with its small head and soft nylon filaments. The unusually shaped handle is designed to give better access to the back teeth — because of the curve one doesn't hit the front teeth when trying to clean the back ones!

Although the mouthwash may seem initially expensive, because it is concentrated, each rinse is relatively cheap. Only five drops are needed for half a glass of water and KemaNobel reckon that one bottle should last for over 100 mouthwashes. Distribution is limited to the "chemist sector" and department stores and is through Ernest Jackson & Co Ltd.

KemaNobel are aiming for a 5 per cent share of the toothpaste market eventually. Once the initial strangeness of the toothcream has been overcome (using a dry brush, no detergent hence no foaming, using a thin strip) they think it will be well accepted with users willing to pay the premium price for "something that really works". ■

Now in new mint flavour Emoform®

Emoform, the medicinal dental paste widely recommended by dentists for sensitive teeth and gums is only sold through chemists.

Ask your Wigglesworth representative about bonus offers.



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The Denivit counter-unit

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Massage and irrigate the electrical way

Once there were only electric toothbrushes. Now there are electric gum massagers, electric oral irrigators and electric plaque disclosing units!

The first of these was introduced earlier this year by British Distributing Company in the form of the Astrodent — a battery operated dental care kit. Astrodent is manufactured by Micromark and was designed by an American oral surgeon. The kit comprises the applicator itself, four gum massaging tips, two tooth polishing caps and a travel case.

The tooth polishing caps are totally unlike toothbrushes and the manufacturers do indeed recommend that the kit is used in conjunction with regular brushing and flossing. BDC say Astrodent is completely safe because it has a "unique, elliptical, orbital action" generated by an eccentric weight attached to the motor shaft. The action provides the necessary massaging and cleaning without remaining in one spot long enough to harm gums or overheat tooth surfaces.

Astrodent retails at around £8.94 and is distributed solely by BDC, a London based electrical wholesaler with a special interest in chemists.

Prevent are the other company to introduce new electrical products. They have just started distributing three products from the Swiss Broxo range (the manufacturer also makes Pifco's two electric toothbrushes). The Broxo Jet (£38.20) is an oral irrigation unit which can remove dental plaque not normally reached by a toothbrush. Seven high-frequency pulsating water jets are directed at right angles onto the tooth and gum surface and chlorhexidine can be added to the water reservoir.

The Broxo Test is perhaps even more esoteric. It is a pocket-sized battery-operated plaque disclosing unit. When a built-in mirror is flicked up, a blue light is generated. By placing two drops of plaque disclosing solution in the mouth (from the built-in dispenser) the plaque on the teeth and gums will appear bright yellow when looked at with the blue light. The obvious advantage over standard disclosing methods is that lips, tongue and gums are not temporarily discoloured. Recommended retail price is around £14.70.

Finally, Prevent are distributing the Broxo 6v (£21.30) — an electric toothbrush with a dial control to set the angle of brushing (as in Pifco's Broxobrush). The smallest stroke oscillates through 15° with a maximum movement of 45°. There are four colour-coded interchangeable heads.

Although Prevent have been dealing mainly with the dental profession up to now, pharmacists can order any of the above three items directly from the company.

Pifco and Braun, the two stalwarts of electric toothbrushes, both say that the market is growing and that their sales are increasing. Both companies still have two toothbrushes — Pifco market the battery-operated Broxobrush (£15.75) and the mains-powered Broxodent (£22.50) whereas Braun have two rechargeable brushes — the dental DI (around £17.95) and the travel DTI (around £19.95), introduced a year ago.

Braun are currently replacing the "wavy head" brushes with flat multitufted heads, in line with latest professional opinions. New packaging for the DI will be introduced next month. ■

Evident fluid now national

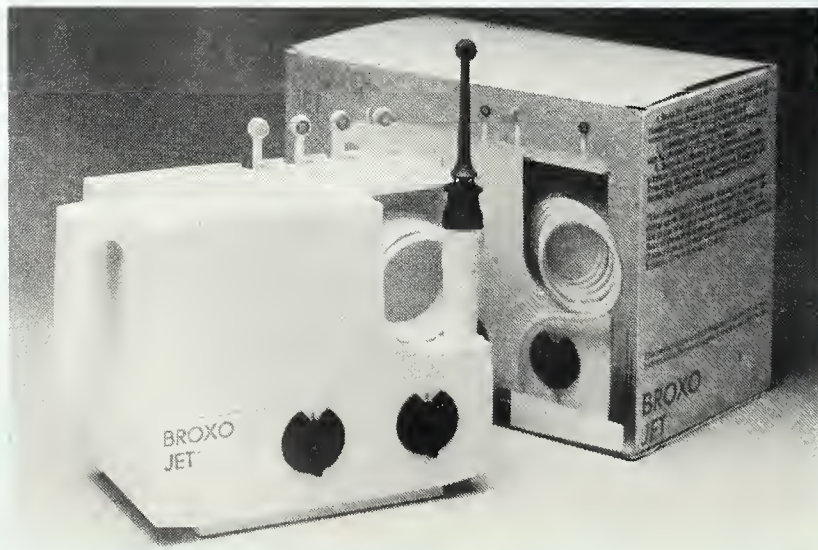
The disclosing products market is very small — probably less than £½ million — and almost entirely dominated by tablets. However Optrex hope to change both these facts with the relaunch of Evident disclosing fluid.

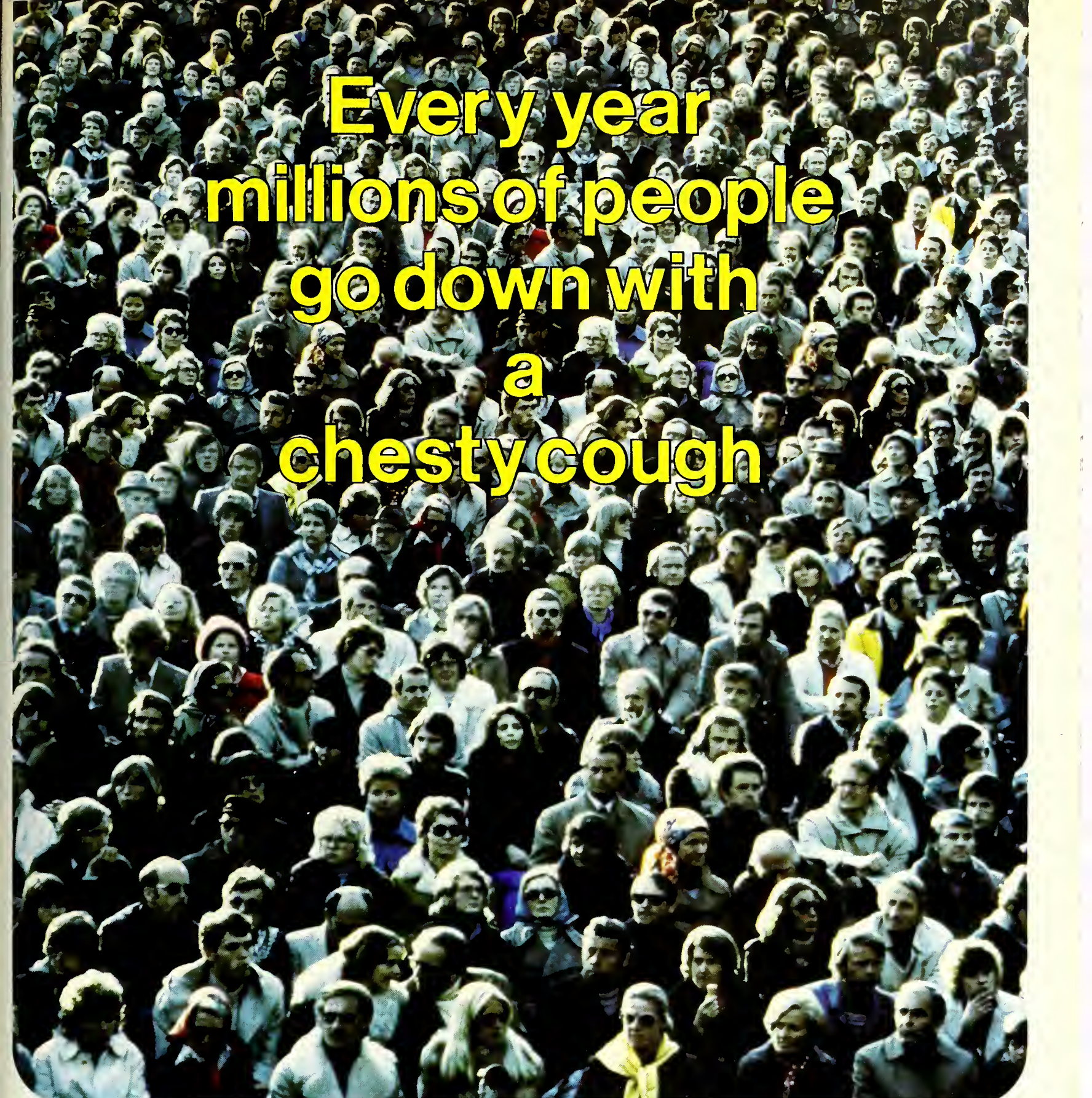
Optrex acquired the product when they bought Evident Dental Co last year. It was originally on a limited distribution but will now be available to all pharmacies. Like most other disclosing agents it stains the areas of plaque red but, Optrex say, with the advantage that it is quickly rinsed off the gums and lips.

New packaging is in red, white and blue, supported by POS material including an information leaflet entitled



"Plaque — the hidden enemy". Evident retails at £0.99 for 50ml and — despite the higher pack cost — Optrex claim it represents good value for money at a cost of 2p per dose when compared with around 4p per dose for most disclosing tablets. Support throughout the year will include a public relations campaign aimed at dentists, hygienists, schools, etc as well as participation at various exhibitions. ■





**Every year
millions of people
go down with
a
chesty cough**

**This year
WinPharm
have come up with
an
entirely NEW treatment**



NEW!

Franolyn Expect

**Your WinPharm
'counter prescription'
for
chesty coughs**



160 times every month, on average, your professional advice as a pharmacist is sought in the treatment of coughs and colds.¹

This significant fact, borne out in every recent survey, puts cough and cold remedies "Top of the League" in counter prescribing.^{2,3,4}

Until now you've only had half the answer. This year WinPharm have come up with an entirely new treatment for chesty coughs – Franolyn Expect.

New Franolyn Expect has an unique pharmacological profile and, compared with six of the best-selling over-the-counter cough remedies, Franolyn Expect alone fulfills all the criteria required of an ideal cough treatment – including that of *not* causing drowsiness.

In addition, WinPharm has devised for Franolyn Expect an entirely new scale of trade margins that compensate you for the time and professional effort you spend in its active recommendation, over and above the usual attractive WinPharm terms.

Brand	1	2	3	4	5	6	Franolyn Expect
Reduces mucus viscosity		✓		?		✓	✓
Reduces congestion			✓		✓	✓	✓
Dilates the bronchial tree					✓		✓
Increases air flow					✓		✓
Rapid and long lasting relief							✓
Does not cause drowsiness	✓	✓					✓

NEW! Franolyn Expect.

The right scientific pedigree

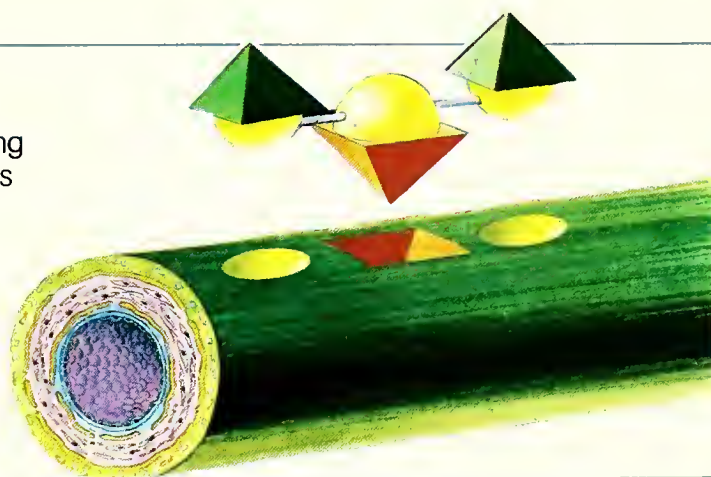
Each 5ml. of Franolyn Expect, contains:

Theophylline BP (Anhydrous) 60mg. Guaiphenesin BPC 25mg. Ephedrine BP 4.75 mg.

It's this unique formulation that makes Franolyn Expect the ideal expectorant for you to 'counter prescribe'.

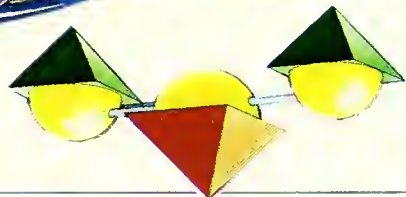
Franolyn Expect reduces congestion

The ephedrine present in Franolyn Expect, by binding to the alpha receptor sites on blood vessels, reduces the degree of vasodilation in the upper respiratory tract, thus easing inflammation and reducing congestion in the bronchial tree.



Franolyn Expect dilates the bronchial tree

Ephedrine also binds to the beta-receptors on the smooth muscle around the bronchi and bronchioles resulting in muscle relaxation and so achieving bronchodilation.⁵ This action is reinforced by the inclusion of theophylline which interferes with the intracellular breakdown of cyclic adenosine monophosphate (AMP) – a key factor in the regulation of muscle contraction.^{5,6}



Franolyn Expect reduces mucus viscosity

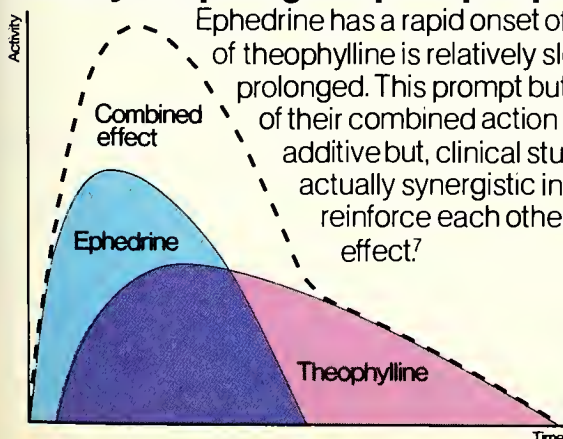
Franolyn Expect contains the well known expectorant guaiphenesin, which has long been accepted for its ability to increase the output of respiratory tract fluid, consequently improving the flow properties of tenacious bronchial mucus.

Franolyn Expect increases air flow

By reducing congestion, dilating the bronchial tree and reducing mucus viscosity, Franolyn Expect achieves the fourth of the ideal criteria for an expectorant – increased air flow.

Franolyn Expect gives prompt & prolonged relief

Ephedrine has a rapid onset of action whilst that of theophylline is relatively slow but more prolonged. This prompt but prolonged relief of their combined action is not merely additive but, clinical studies suggest, actually synergistic in that they reinforce each other's bronchodilatory effect.⁷



Franolyn Expect does not cause drowsiness

Unlike many other over-the-counter cough remedies, Franolyn Expect relieves symptoms without causing drowsiness. This makes it ideal for ensuring that your customers' normal daily routines are not impaired and is particularly valuable in not affecting their concentration or alertness.

References

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NEW! Franolyn Expect.

The right commercial profile

Franolyn Expect now gives you the opportunity to "counter prescribe" an entirely new treatment for your customers.

Like all WinPharm products, Franolyn Expect is:

- Distributed only to pharmacies
- Not advertised to the public
- Backed by Winthrop resources
- Comprehensive information facilities

PLUS

- Entirely new scale of introductory margins.

Your first order of Franolyn Expect will bring you a bumper introductory margin which could show you as much as **£34.38 profit on a £37.62 outlay**, equivalent to over 91% on cost or nearly 48% on net sales value, at best terms.

STOP PRESS

WinPharm have planned, in keeping with pharmacists' professional status, a new incentive that will recognise pharmacists' commitment to the product and recompense them for the professional time and effort spent in actively recommending Franolyn Expect.

See your WinPharm representative for full details

No one but WinPharm can claim to repay so handsomely the time and professional effort you spend in actively "counter prescribing" for chesty coughs.

PLUS

- Special backing for local pharmacies



Special window displays

A highly flexible series of display items, to suit all shapes and sizes of window area, have been designed. These highlight the pharmacist's professional skill and expertise and stimulate the public into asking for advice.

Key sites for poster campaign

WinPharm are reserving specially selected poster sites, carrying a message which will motivate cough sufferers into asking for their local pharmacist's professional advice.



In-store sales aids

To assist in counter prescribing Franolyn Expect, a number of sales-aids are available recommending that your customers should seek your professional advice about chesty coughs.



WinPharm Working with pharmacy for a healthier future

Full information is available from WinPharm, Sterling-Winthrop House, Surbiton-upon-Thames, Surrey KT6 4PH.

LETTERS

NZ pharmacy — an alternative view

For the benefit of your readers, and having read only part 2 of Mr Andrew Bond's article (June 20), may I take issue with some of the comments he has made?

In Mr Bond's opening paragraph, he infers that a cooker is required in the pharmacy, as much as anything to satisfy the needs of the inner pharmacist, particularly on his 12½-hour late opening day. Actually, the idea of a pharmacist preparing a cooked meal for himself within a pharmacy is unacceptable and that view has been made widely known by way of the Pharmaceutical Society's newsletter, distributed periodically to all registered pharmacists. The Pharmacy Regulations 1975 do require an electric hot-plate, gas ring or similar appliance, but only for the purpose of providing a heat source where it is required for a dispensing operation.

Incidentally a late opening day is not 12½ hours, but 12 hours in almost every case — from 9 am to 9 pm — and beakers have not been required as dispensing equipment for at least six years.

Prescriptions for Controlled Drugs are required to be written on the approved form, supplied free of charge by the Department of Health, only in the case of Class A or Class B Controlled Drugs (basically the narcotic drugs as previously known) and those Class C Controlled Drugs being glutethimide and the hypnotic type barbiturates prepared either singly or in combination with each other (eg Tuinal capsules), but not with any other active ingredient. The prescribed form is only in triplicate now and has been for at least a year, and in the case of Class B Controlled Drugs the maximum period of supply is 30 days with no repeats. Treatment beyond this requires a completely new prescription.

There is no obligation to keep a record of every item dispensed, as this requirement only applies to those things which are controlled drugs or scheduled poisons. The use of 35mm film to record these disposals is in fact very rare, whereas 8mm microfilming as an approved alternative to a prescription book record is quite widely used. A record of every item dispensed, however, is usually kept for the purpose of maintaining a complete patient profile wherever possible, particularly in respect of "regular customers".

While regretting not having seen part 1 of Mr Bond's article, I trust that these few points will serve to correct some of the anomalies. Nevertheless, in general terms, I commend him for the overall under-

standing of our systems he has grasped during his five months' sojourn in this country.

R. Withington

Senior public health pharmacist

Department of Health,

Wellington, New Zealand

Mr Withington is writing in a personal capacity — Editor

Deserved

I liked the article under Open Shop — "Perhaps we get the staff we deserve". I

can only add that we must as well as being kind and very tolerant, have been extremely wicked in an earlier life to deserve the staff we get.

I have been through the lot — assistant, manager, proprietor — and now retired "occasional locum". As to being one's "own boss" I think on looking back I would rather have worked for "X and Co" than suffer the inevitable overdraft, however kind and expansive my bank manager was (and is).

Adsum

More letters on p151

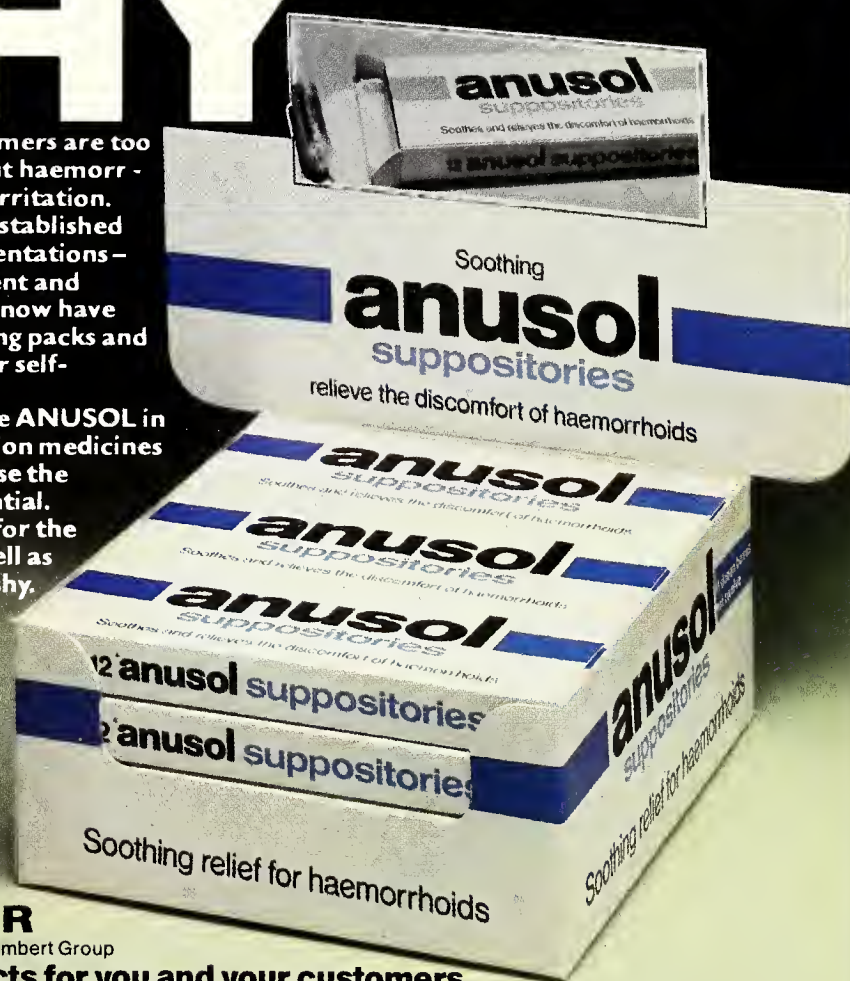
FOR THE PAINFUL SHY

Some customers are too shy to talk about haemorrhoids and anal irritation.

The three established ANUSOL presentations — Cream, Ointment and Suppositories — now have new eye-catching packs and are available for self-selection.

Merchandise ANUSOL in your self-selection medicines area to maximise the product's potential.

Good news for the Pharmacy, as well as for the painful shy.



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Active ingredients: Cream: Bismuth oxide, Balsam Peru BPC 1973, Zinc oxide Ph Eur, Ointment: Bismuth subgallate BP, Bismuth oxide, Balsam Peru BPC 1973, Zinc oxide Ph Eur, Suppositories: Bismuth subgallate BP, Bismuth oxide, Balsam Peru BPC 1973, Zinc oxide Ph Eur, William R. Warner & Co. Ltd., Usk Road, Pontypool, Gwent NP4 0YH. Further information and data sheet available on request.

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The world's biggest-sell



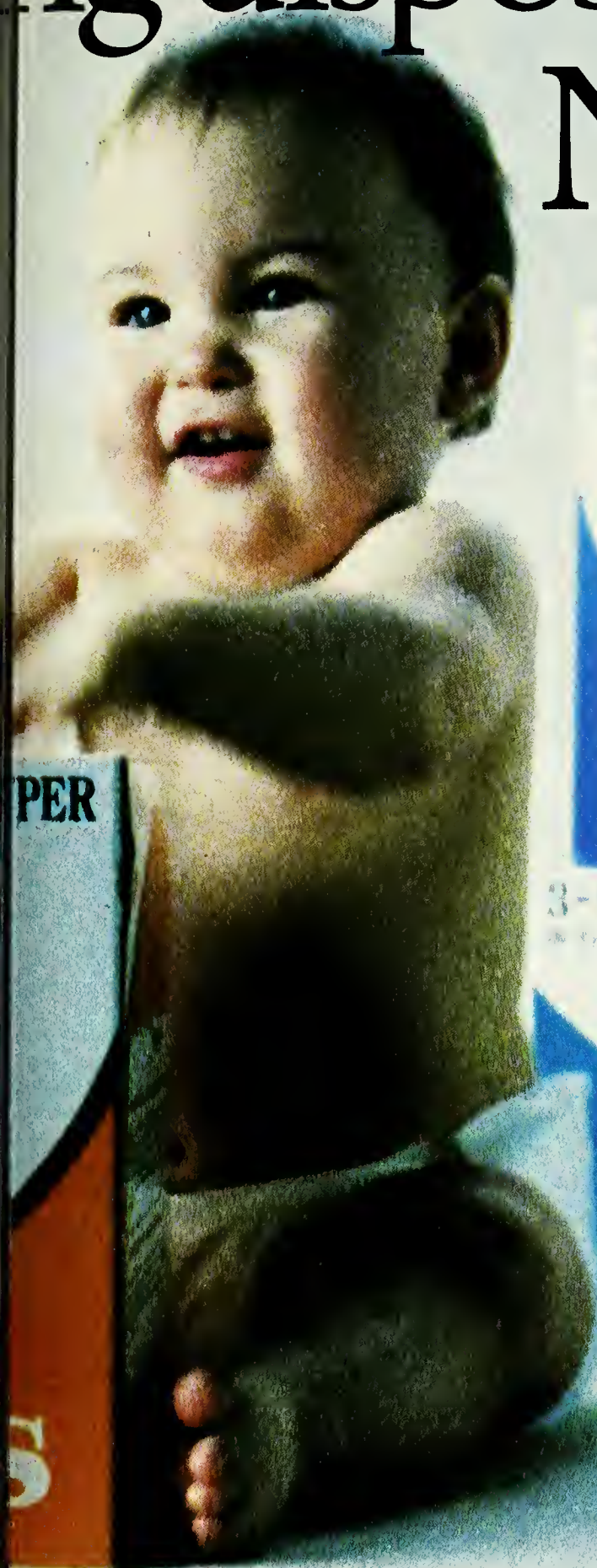
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☐ Pampers is used exclusively by thousands of hospitals, maternity homes and clinics in more than 80 countries.

☐ In test, over 70% of UK mothers preferred Pampers to their usual nappies. This is because Pampers really does keep babies' skin drier than ordinary nappies.

Your customers will be looking for Pampers in

ng disposable nappy- Now in U.K.*



*Currently in London and the South East only.

- ☐ Introduced in London in June with a massive £4.5 million national equivalent media support. 60 second TV commercials. Full colour pages in specialist baby press.
- ☐ Sampling, couponing and trial packs

cover over 85% of all mothers with babies.

- ☐ An extensive professional services programme is already convincing hospitals, clinics and maternity homes of Pampers benefits.

l five sizes: so make sure you stock enough.

Athlete's foot.

Why lock it up when you can stamp it out?

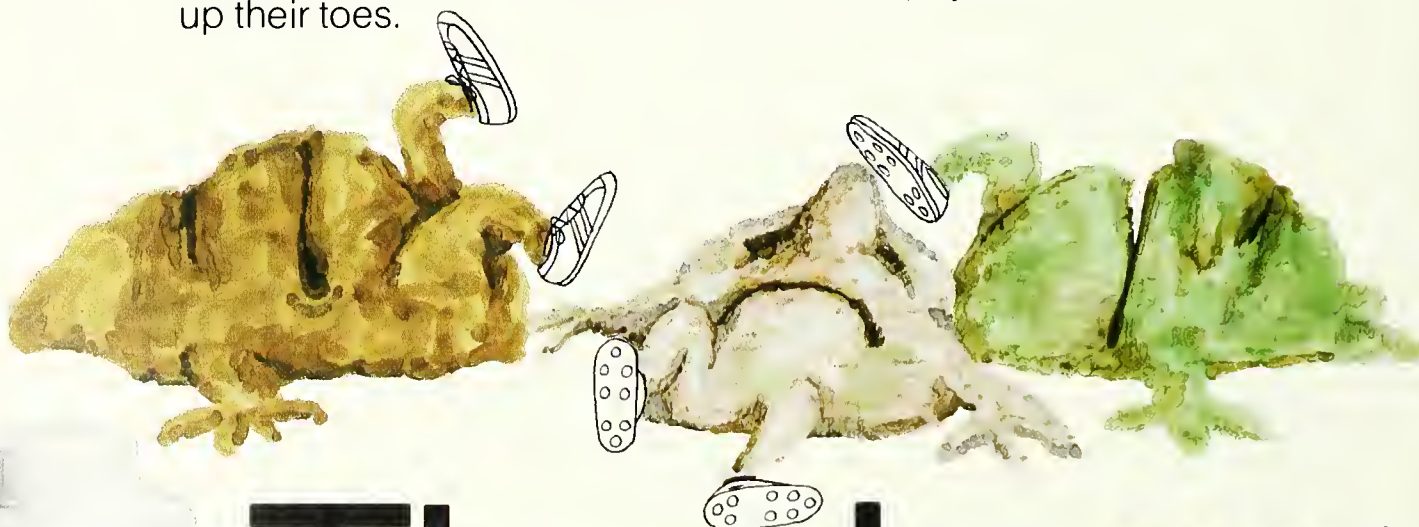
Athlete's foot is principally caused by a group of fungi known as Dermatophytes – and a spiteful little gang they are too!

There are, of course, several fungistatic products on the market, which can keep them safely locked up for a while. Trouble is, as soon as you stop the treatment, the gang is liable to bounce right back and start causing trouble again.

There's only one sure way to stamp them out – and that's with a fungicidal preparation. Like Tinaderm.

Tinaderm doesn't pussyfoot around the problem – it kills fungi, stone dead.

So next time a customer asks you for something to treat athlete's foot, remember the name Tinaderm. It's the one that makes Dermatophytes turn up their toes.



Tinaderm*

Tolnaftate

Cream, solution and powder.

Stamps out athlete's foot – fast!

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Co-exist, says a rural doctor

I would be most grateful if you would allow me to comment on the letter from Mr John Davies of the Rural Pharmacist Association (July 4) in which he refers to the apprehension of some doctors, reported by the chairman of the rural practices subcommittee of the General Medical Services Committee, concerning the repeatedly expressed intention of the RPA to eliminate doctor dispensing and consequent doubt about the sincerity of some pharmacists concerning the Clothier agreement.

Mr Davies wonders whether these doctors have ever heard of instances where the Clothier agreement has been broken. Yes, one has heard not only of these but also of others where pharmacists have deprived doctors of their dispensing, but anyone who has closely followed the Clothier standstill committee's proceedings will know that such are few and far between.

Therefore Mr Davies' statement that reports have come in from "all over the country of pharmacists losing out because dispensing doctors feel it is their chosen right to deprive another profession of its proper livelihood" must, apart from being inflammatory, be exaggerated and not borne out by the facts.

All this bickering is to be deplored and particularly when one realises that pharmacists and doctors who dispense have always co-existed. It follows that, as doctors have always had the right, there can be no question of encroachment upon pharmacists' "territory". This arrangement apparently has always been satisfactory to the patient and one hears no complaint concerning doctor dispensing from that quarter.

It may fairly be concluded then that dispensing doctors are not, as Mr Davies says, "depriving another profession of its standard of living".

He continues his letter by stating that dispensing doctors are overpaid *viz à viz* pharmacists. If he feels this way I suggest that he pressurises his own negotiators instead of criticising the results achieved by ours.

Finally on the sore topic of drug-testing. Pharmacists are quite rightly indignant about this imposition. Editorial comment in *Chemist & Druggist* (April 4) remarks that "what irks about testing is not that the doctor isn't tested but that the pharmacist is". Unfortunately the RPA does not agree with this sensible view and advocates application of the scheme to dispensing doctors. Sour grapes?

J. McA. Williams

Hartington, Derbyshire

Dr Williams contributes the "Dispensing Doctor" column to *MIMS Magazine* — Editor

Fair criticism of the DHSS 'package'?

Is it fair to criticise the PSNC for agreeing to what must be the worst package deal of all time in agreeing to pay the Government £15 + £20m (equals £35m) of our money at least one year in advance of the agreed date for discount repayment? Or could it be that the PSNC and the Government together were doing contractors a big favour by preventing these silly-billies of contractors from getting into further debt to the Government?

To replace this money many contractors will be forced to borrow from the banks at high interest rates. The latter example of free enterprise seems to have been accepted as the better choice.

Maybe we really are just in the dark! Which LPC knew in advance of PSNC's agreement to what this wicked, very wicked, Government has threatened to perpetrate on general practice pharmacy?

This Government is a firm believer in the hypothesis that in a market economy, ordinary people must not be allowed to expect too much from Government services, but must learn to pay for themselves as they use these services — or better still, pay for them privately. Is this the beginning of a planned process to reduce substantially, or even eliminate the pharmaceutical service as we know it today? A few hundred closures in the

immediate future will certainly be a start — because that's what this package deal means to contractors.

At least the PSNC was consistent in imposing this package without consultation. The PSNC believes that to dare to ask for consultation in advance would be heresy. To grant such democracy would mean that the PSNC would become the same as all the others when it comes to the relationship between negotiators and the body of workers they represent.

The pharmaceutical Press states that Dr Vaughan is very pleased indeed with the agreement, and well he may be. His spokesman states it is "self-financing" and it "balances in the books". I can hardly believe many contractors will find the same pleasure. I would disagree that the deal is "self-financing" or that the books balance in any orthodox fashion. It is financed by withholding contractors' money to pay for discounts, whose exact amount has not yet been proved. This figure is anyone's guess.

In the *PJ* June 20, Mr Alan Smith is quoted: "We would agree to an interim increase in discounting but only if we (the contractors) get our £33.2m in costs passed to us in full". The money offered and accepted amounts only to £17.6m plus £0.6m, total £18.02m. The balance

not paid directly to contractors (£15m) has been retained as a bulk payment for discounts for the period October 1980 to May 31. Their original guess was £10m.

How could a legitimate demand be increased by 50 per cent within four days? The extra £5m was needed to make the books balance — surely this is more normally called "cooking the books". So the deal is financed by the Government breaking agreements to the tune of £15m over and above the £20m to be collected as monthly payment.

Other points on discounting:—

1. Contractors believe the agreed new discounting scale of 5 per cent is excessive. Why is the DHSS figure of 5 per cent being used? It has no practical basis.
2. Surely the advance payment of £35m for 1981 merits a substantial rebate?
3. There is now no mention of the five-month period of "wholesale uplifting" when according to Mr Smith, contractors received 3 per cent less discount than the quoted figure. Will the PSNC insist that discounting during this period (a period of negative discounts for many) will be properly allowed for?

Was any decision taken as to the date for backdating this claim? Mr Smith has said PSNC is not frightened of a review of the Franks profit formula because it believes the profit is too low. How do Mr Sharpe and Mr Smith relate this to their original jubilation when Franks was first announced? The PSNC at that time informed City and East London LPC that we were the only ones who had protested that the profits were too low.

This jubilation plus the recently-published grossly exaggerated "average contractor's remuneration for 1980" have played a major part in the present Government's repressive attitude to general practice pharmacy.

For 1982 the Government has given a warning — increases in costs for labour and overheads in excess of Government cash limits may be disallowed — that is, the cost-plus contract would no longer exist.

George Baxter
London E13

Registration

One recognises that reporting of Statutory Committee inquiries needs to be condensed but, in regard to the continued employment by ourselves of a pharmacist who had allowed his registration to lapse after he was first appointed, I must state that we did not solely rely on the fact that his certificate was exhibited throughout the period and that the pharmacy had been visited at regular intervals by the Society's inspector, as reported.

We had relied rather on the fact that when we re-registered the premises with the Society each year we showed the pharmacist's name and registration number, as required, on every occasion. We assumed that these returns were

Concluded on p154



THE SWEET SM

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Tobacco-Clear last February.
How it neutralizes smoking smells.
How well it had been received
in research.

How we'd launch with a £400,000
national TV burst.

In short, we advised you to stock

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As witness the letters we've
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Arthur Beech, Smith & Nephew Consumer Products, Smith & Nephew



an ash tray?

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So for those who didn't order enough Tobacco-Clear and those who didn't order any, a remedy.

Order now. Before we go back on TV. We'd hate you to turn away another customer.



Welwyn Garden City. Tel: Welwyn Garden City 25151.

checked by the Society and that we would be informed if there were any impediment against the premises being registered.

I believe it is important for bodies corporate to recognise that such is not the case; apparently the inclusion of the pharmacist's name and number serves no useful purpose, although it is a requirement.

D. Davison

Chief executive officer superintendent chemist

National Co-operative Chemists Ltd

Plea for candidates

I will add little to the comments of Xrayser (July 18) on Mr Spivack's ideas (*C&D* July 11) on the graduated on-cost, which very fairly sums up the subject. If a flat rate on-cost worked in 1948, it was because the capital employed varied much less between the volume dispensing pharmacy and others, due to the prevalence of extemporaneous dispensing and galenicals. Also, with a higher on-cost, even the smaller contractor was getting enough, while the larger would be getting more than enough.

In the past few weeks, you have had letters from three (and reference to a fourth, Mr Iles) members of the Camden and Islington LPC. It may be that we enjoy arguing in public; certainly the meetings are always lively. It is no accident that the "big dipper" anomalies flowered in the fertile atmosphere of our LPC. There is now every likelihood that with the splitting of the area into three districts, the committee will be fragmented and its resources stretched.

Such difficulties are not unique to Camden and Islington. Each contractor in every part of the country should feel that involvement with work is an essential part of his professional life, and the knowledge gained of the intricacies of the Drug Tariff and remuneration do benefit everyone.

The next time a letter arrives inviting candidates for LPC places, a positive response to it will ensure competition and stronger, active and united fight for our betterment.

Ronald Jackson

London WC1

Mr Spivack reports further on p156.

Support for group

I would like to support the suggestion by M.J. Valentine (*C&D*, July 18) that a computer users group should be set up within pharmacy. There must be many pharmacists whose experience, valuable on its own, would be even more so if collected and made available to would-be users.

I hope that all pharmacists who have computer experience will help to set up such a group.

Roger King

Hull

NEWS EXTRA

Computer pricing next year?

Computerised pricing of prescriptions in England could begin in 1982 subject to approval by Ministers, with the benefits to pharmacists of prompt and accurate payments (advance payments and settlements according to current timetable), monthly statement of items disallowed and a twice yearly detailed statement of one months priced prescriptions.

PSNC said, at this month's meeting, that initially one processing division would price by computer and the remainder by the end of 1985.

Computer pricing of prescriptions in Wales is likely to follow within, or shortly after, the changeover period specified by the Prescription Pricing Authority but the time scale was not yet finalised.

■ **Pre-registration trainee allowance.** The Committee had been asked to consider a motion on pre-registration trainee allowance which had been lost at the PSGB Branch Representatives meeting. Whilst understanding the intention within

Expansion of Drug Tariff unlikely

New additions to the Drug Tariff are unlikely to be made unless compensatory savings can be made on existing items according to Sir George Young, Under Secretary for Health.

In a written answer this week to a question from Dr Roger Thomas, Sir George said that soft cervical collars, support tights, maternity support tights, Dextrostix and disposable syringes and needles would not be self-financing if added to the Tariff and that any one of them would have to be given a high priority in order to even compete for a place in a future development programme.

On support tights, he said there was little evidence that the majority of non-rubber hosiery had any therapeutic value. However, when the British Standard specification for graduated compression hosiery was published, the market for BS hosiery would be surveyed to see whether any changes to the Tariff were indicated.

At the request of the General Medical Services Committee he had asked the Department to look again at the arguments for including cervical collars, although if general practitioners were allowed to send patients for physiotherapy without a consultant

the motion, the Committee did see possible administrative and legal problems in making direct payment to pharmacists rather than to pharmacy contractors.

■ **Bulk prescriptions.** It was agreed that PSGB be approached with a view to joint comments being forwarded to DHSS, reiterating the extreme opposition of both organisations to the supply of POMs on bulk prescriptions.

■ **Pharmaceutical advisory service in residential homes and institutions.** A reply from Dr Wills, chief pharmacist, DHSS, stated that provision of such a service should be left, as at present, in the hands of the AHA. The Committee agreed that a meeting with Dr Wills be sought so that PSNC/PSGB representatives could discuss the matter further.

■ **Inhalers — prescription charges.** The DHSS has refused the request that there should be no prescription charges for Intal Spinhalers and Becotide/Ventolin Rotahalers.

■ **Repeat prescriptions.** Dr G. Vaughan, Minister of Health told PSNC: "I have now looked again at all the arguments put forward and the views exchanged at the meeting but have come to the conclusion that the medical aspects involved still need more consideration."

The Committee agreed that a letter be sent to Dr Vaughan, expressing concern at the delay in settling the matter.

■ **Essential small pharmacies scheme.** The DHSS offered to increase the sum available for payment in 1981 by £24,000 (8 per cent increase over 1980) and this was accepted by the Committee.

referral then they would not need to prescribe orthopaedic appliances.

Dextrostix were considerably more expensive than urine glucose testing equipment and although they could not be added during the present economic climate, the addition would be considered when resources permitted. Disposable needles and syringes would cost over £10 million a year if generally available on prescription and Sir George did not think this expenditure could be justified. ■

Retired pharmacist battered to death

Mr Mohsinali Dayawala, a chemist in business at 179 Bedford Street, Liverpool 7 until his retirement a few months ago was found battered to death at his home in Larkfield Lane, Aigburth.

Mr Dayawala, who was 65, had been burgled several times and had fitted a lot of security measures to protect his home. His son, Alan, said his father had lived in fear.

Police discovered his body when they smashed their way into his home after he failed to turn up to a new part-time job. Later the police said a man had been charged in connection with Mr Dayawala's death. ■

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P36

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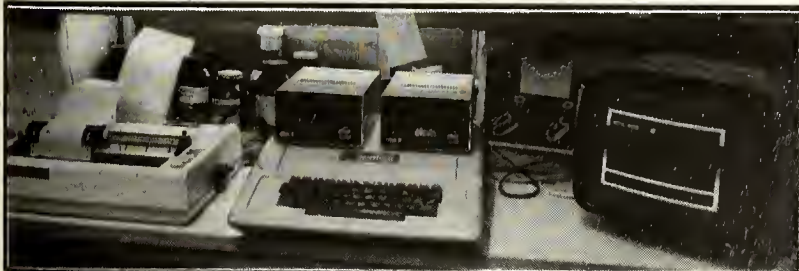
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A 'double dipper' in the new scale

by Alan Spivack MPS, member of Camden & Islington LPC

In considering the effect of the new discount scale on the on-cost profit I was aware that the new scale, whilst being linked to NIC (net ingredient cost) rather than prescription numbers, was not to be applied on a cumulative basis. It was therefore not reasonable to expect removal of the "big dipper" nor loss of profit at each change of net on-cost percentage.

Readers will recall that in order to remove the anomalies it was proposed and accepted at this year's LPC conference that, as suggested in *C&D* (May 28, 1980) both the on-cost and discount scales need to be aligned at their changeover points, linked to NIC, and applied cumulatively. Failure to implement all these changes will not remove the anomalies.

The original "big dipper" existed between 1,500 and 2,200 scripts per month, producing a difference of approximately £30 at the base of the dip. The smaller of the two new dippers, as can be seen from the graph, exists between 1,300 and 3,100 prescriptions with a difference of approximately £60 at the base of the dip at 2,200 prescriptions, whereas the larger dipper exists between 3,300 and 7,400 prescriptions, with a difference of approximately £170 at 5,000.

Furthermore, as can be seen from the accompanying table 2 and the graph, the sudden drops in on-cost at each change of net on-cost percentage still exist. To an extent it can be argued that this effect is even more unfair than the dips as it is very easy to lose large sums of money just by doing one extra prescription.

It is thus apparent that the application of this new scale has the most undesirable effects and pressure must be brought to bear for its re-calculation.

A further examination of the graph shows another anomaly (previously mentioned in my letter to *C&D* July 18) that between 1,500 and 4,000 prescriptions the on-cost varies between £510 and £450, giving an average on-cost of ± 6 per cent. It would therefore appear that for contractors in this prescription bracket (into which most contractors fall) they always receive the same on-cost of approximately £480 regardless of the number of prescriptions dispensed (assuming the national average NIC to be £2.60). With busier contractors dispensing 3,300 to 7,500 the tables produce an on-cost of £425 $\pm$ 20 per cent.

It would thus appear that the

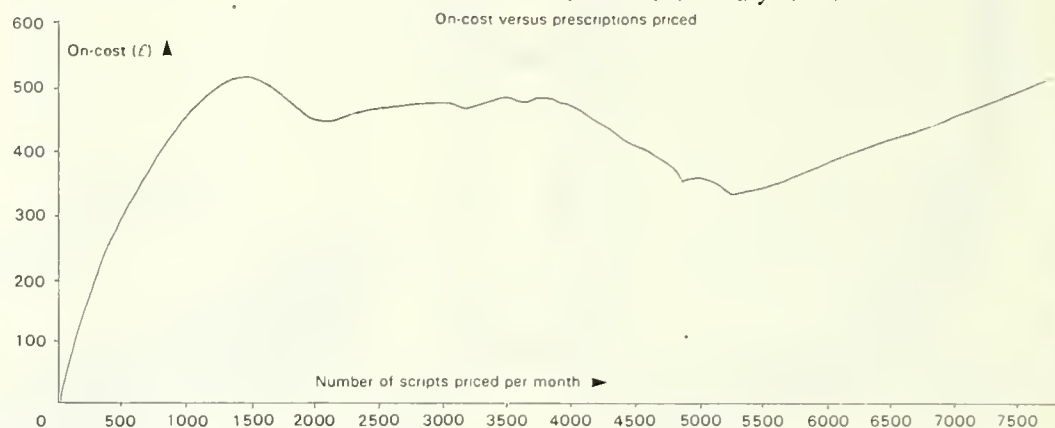


Table 1: Part one shows the full calculation of remuneration in 1000-prescription bands. Part two details on-cost at 100-prescription intervals

No scripts	Value scripts	% on-cost	% discount	Total on-cost %	Total on-cost £	Fees (at 40p)	Total remuneration
1000	2600	20.2	2.40	17.80	462	400	862
2000	5200	12.5	3.78	8.72	453	800	1253
3000	7800	10.9	4.83	6.07	473	1200	1673
4000	10400	10.1	5.84	4.26	443	1600	2043
5000	13000	9.0	6.40	2.6	338	2000	2338
6000	15600	9.0	6.40	2.6	405	2400	2805
7000	18200	9.0	6.40	2.6	473	2800	3273

No scripts	Total on-cost (£)	No scripts	Total on-cost (£)	No scripts	Total on-cost (£)	No scripts	Total on-cost (£)
1	(8p)	1900	465	3800	471	5700	385
100	67.00	2000	453	3900	452	5800	392
200	135	2100	454	4000	443	5900	398
300	195	2200	453	4100	432	6000	405
400	241	2300	461	4200	421	6100	412
500	283	2400	469	4300	410	6200	419
600	327	2500	469	4400	399	6300	425
700	367	2600	471	4500	386	6400	432
800	405	2700	475	4600	344	6500	439
900	440	2800	478	4700	366	6600	446
1000	462	2900	472	4800	361	6700	452
1100	480	3000	473	4900	356	6800	459
1200	494	3100	481	5000	338	6900	466
1300	505	3200	480	5100	344	7000	473
1400	507	3300	486	5200	351	7100	479
1500	508	3400	482	5300	358	7200	486
1600	507	3500	487	5400	365	7300	493
1700	498	3600	474	5500	371	7400	500
1800	486	3700	480	5600	378	7500	507

Table 2: Examples of the differences in net profit encountered at every change-over of net on-cost percentage (calculated using an average NIC of £2.60).

No of items	Value (£)	On-cost %	Discount %	Net on-cost %	Net on-cost profit (£)	Professional fee at 40p	Total remuneration
1249	3274.40	18.6	2.81	15.79	512.76	499.60	1012.36
1250	3250.00	18.2	2.81	15.39	500.18	500.00	1000.18
1251	3252.60	18.2	2.87	15.33	498.62	500.40	999.02
1442	3749.20	16.7	3.05	13.85	519.26	576.80	1096.06
1443	3751.80	16.7	3.11	13.59	509.86	577.20	1087.06
1779	4625.40	14.2	3.50	10.70	494.92	711.60	1206.52
1780	4628.00	14.0	3.56	10.44	483.16	712.00	1195.16
2499	6497.40	11.7	4.28	7.42	482.10	999.60	1481.70
2500	6500.00	11.5	4.28	7.42	469.30	1000.00	1469.30
2501	6502.60	11.5	4.33	7.17	466.24	1000.40	1466.64
3798	9874.80	10.5	5.59	4.91	484.85	1519.20	2004.05
3801	9882.60	10.4	5.63	4.77	471.40	1520.40	1991.80

EEC court favours parallel importers

A pharmaceutical company marketing a pharmaceutical product in Italy — where there are few patents on pharmaceuticals — must accept that, once marketed in Italy, a product may be exported freely to all other EEC countries, including those countries where the product is protected by a patent, writes our EEC correspondent, Richard Carswell.

This is the gist of the ruling by the European Court of Justice at Luxembourg in the dispute between the American pharmaceutical company Merck, and Stephar, a Dutch importer. The dispute, which was referred to Luxembourg by a Dutch court, concerns Moduretic, which is manufactured and marketed in all EEC countries by Merck. The company holds patents for this drug in all Member States except Luxembourg and Italy.

The price obtainable in the Netherlands is the highest in Europe. Moduretic bought in Italy can be

imported into the Netherlands with a 150 per cent mark up.

The EEC Commission took the view that Merck could obtain an exemption from the general principle of free circulation of goods only if the product was manufactured by a third party without its consent. Moreover, the territory to be taken into account was not any national territory, but a single EEC market.

The Court's advocate-general — a sort of auxiliary judge who prepares the main judges' ruling — said that exclusivity of production and marketing was not an end in itself and was meant only to provide the patent owner with the possibility of obtaining a reward for his inventiveness. No-one had forced Merck to produce and market the product in Italy. But once Merck had produced in Italy, it could not have its cake and eat it by trying to stop the importation of its Italian product into the Netherlands. ■

Aspro dispose of Hartington shares

Staveley Chemicals Ltd and Aspro-Nicholas Ltd have concluded an agreement whereby Staveley Chemicals will acquire the Aspro-Nicholas shareholding in Hartington Chemicals Ltd.

Hartington, a 50/50 joint venture between the two companies, is a producer of para-aminophenol, an organic intermediate used chiefly in the manufacture of paracetamol. The

Hartington plant has a nominal capacity of 1500 tonnes per annum and cost some £4m. It came on stream in 1979.

A substantial proportion of the plant output is supplied to Graesser Salicylates Ltd a subsidiary of Aspro-Nicholas which manufactures paracetamol at Sandycroft.

Under the new agreement, Staveley Chemicals will also acquire the Graesser Salicylates paracetamol business including the associated manufacturing plant at Sandycroft. Production of paracetamol will continue at the Sandycroft site and Graesser will act as managing agents for the business on behalf of Hartington Chemicals Ltd. ■

Boots 12pc ahead for first quarter

Tax exclusive sales of Boots showed a 12 per cent increase to £290 million in the first quarter of the current year, chairman, Sir Gordon Hobday, told shareholders at the company's annual meeting last week. Prospects for the remainder of the year were said to be difficult to forecast, but a reasonable increase in sales is anticipated, although with continuing pressure on margins because of "strict government control of pharmaceutical prices in many countries and strong competition in consumer products".

Overall, the retail division pushed up sales by 12 per cent with Boots outlets showing an 11 per cent increase, making some modest volume growth despite unseasonal weather and the generally unfavourable trading conditions. Timothy Whites turnover was up by 22 per cent, of which 15 per cent could be attributed to real volume growth. Overseas retail sales were up 29 per cent.

In the industrial division, sales for the period were £62.6m (excluding agrochemicals), an increase of 17 per cent. Pharmaceuticals are said to have had a good start to the year — up 15 per cent — Brufen and Froben performing particularly well. Export sales rose 35 per cent.

Consumer sales have not performed so well, however, although home and export sales showed a rise of 14 per cent because of particularly good progress in Europe and the Middle East.

Agrochemicals — now embraced by FBC Ltd the joint company with Fisons — had a difficult start in the UK with poor weather and depressed market conditions, but the integration is said to be almost complete and Sir Gordon said the company are satisfied that the advantages of merging the two businesses will be realised. ■

More Business News overleaf



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Hopes recede in chemicals pay talks

The likelihood of an overall pay settlement in the chemical industry moved further away this week following a row between the unions and the Chemical Industries Association over the rates already agreed at local levels.

Since the breakdown of national talks back in May, CIA says that 45 settlements covering some 8,000 workers have been made by Joint Industrial Council members, and they put the average figure at 7.4 per cent. The General and

Municipal Workers Union, however, put the settlement rate between 8.5 and 10 per cent, but CIA comment that "the G&MWU has published a list of local settlements which includes very misleading information. For example a recently made settlement of 7.5 per cent in a JIC firm is quoted as 10 per cent and two non-member settlements of 7.5 per cent are quoted as 11 per cent."

ICI have made an informal offer of a lump sum payment to their process workers, alongside the 8.5 per cent already on the table, following the breakdown of talks last week. The seven unions involved were seeking the views of their members at the time of going to Press. Unofficial action taken at the company's Mond plant last week has now been stopped. ■

Drug launch lifts Ciba-Geigy sales

Pharmaceuticals and agricultural products made the strongest contribution to Ciba-Geigy's first half sales, with respective 25 and 30 per cent increases. Pharmaceutical sales rose to SFr1,937 million, particularly helped by the launch of the antidepressant, Ludiomil, in North America.

The Airwick group also turned in good results with a 20 per cent increase in turnover to SFr355m, but Ilford suffered a 20 per cent drop in sales due, the company says, to the dropping of three lines. All other sectors of business showed sales increases and overall turnover was up by some 18 per cent to SFr7,635m.

Earnings also improved with sales, partly because of the performance of the pharmaceutical and agricultural divisions and partly to the weakening of the Swiss franc, especially against the US dollar. For the group as a whole, the current year is expected to show an improvement in profit. ■

Republic attracts US companies

Two more American companies in the healthcare and cosmetics industries have opted for the Republic of Ireland as the venue for new manufacturing facilities. The companies — Con-Stan International of California and C.R. Bard of New Jersey — will together employ around 370 people by 1985.

Con-Stan will begin production of a range of cosmetics and skin care products in Claremorris, County Mayo, early next year. The company's cosmetics are based on natural oil extracts from various seeds and fruits, honey, almond meal and glycerine. Con-Stan will export its Irish production to established markets in Europe.

C.R. Bard — who have a presence in

England — will be supplying all their markets outside the US from the new factory in Galway. The IR£3.4 million subsidiary will start production early next year on a range of cardiovascular products. ■

Farley take back export sales

After a gap of seven years, Farley Health Products, are regaining responsibility for their food export sales. Glaxo, who have dealt with all the company's food export sales since 1974, have decided that there should be a progressive transfer to Farley's of this responsibility. Initially, this will concern 40 per cent of food export sales.

Farley Health Products' managing director, Mr Alan Macfarlane, says: "This will involve no immediate change in the Company's business as it is merely a transfer of responsibility. But we are very hopeful that in due course we will be able to increase our exports which will have a beneficial effect on the long-term future of the Plymouth factory." ■

Scarcroft Golf Club, Leeds, was the venue this year for Leeds Chemist Golfing Society's "Barclays Tournament" and left to right winners of the prizes and Barclays Trophy were: A. Gott (visitors prize); T.



Help on packaging for small firms

PIRA, the research association for the paper printing and packaging industries, has launched a scheme to encourage greater contact with, and aid to, the smaller manufacturing concerns.

Backed by the Department of Industry, the scheme commands an annual subscription rate of £90 + VAT. To be known as the PIRA "Packaging Hot Line," it will comprise of a direct access telephone line to an inquiry desk. There, consultants will aim to provide immediate advice on most packaging problems. Where an input from a specialist colleague is needed, this will be done via a return call or telex.

On those occasions where a problem cannot be resolved over the telephone, and a field visit or laboratory work by Pira becomes necessary, this will be treated as a normal consultancy job and charged at either member or non-member rates, as appropriate. PIRA, are at Randalls Road, Leatherhead, Surrey. ■

Cosmetics target

Cosmetics are a prime target for superstores as they continue to move into more specialist areas, according to a recent survey from Keynote.

The company says small retailers in non-grocery areas will increasingly have to bear the brunt of the power of superstores as they attempt to safeguard their futures by diversification, preparing for the inevitable day when little further growth will be available in groceries alone.

Key Note suggest that areas such as cosmetics and horticultural and DIY products could soon follow the way of fresh fruit, vegetables and meat. "Super markets (3rd edition)" (£30) is available from Key Note Publications Ltd, 23 City Road, London EC1Y 1AA. ■

Parkinson, general manager of Barclays Leeds; L. Calvert, FPS (first prize); C. Hetherington, FPS (second prize); M. Bligh, FPS (third prize)

■ **Colorcon Ltd** are moving to new headquarters at Murray Road, St Pauls Cray, Orpington, Kent BR5 3QY, effective August 1. Telephone and telex numbers remain unchanged.

■ **Bibby & Baron Cartons Ltd** have changed their name to Bonar Cartons Ltd. All Low & Bonar PLC subsidiaries have now changed their names to carry the prefix "Bonar".

■ **Samantha Jane Ltd** are reporting that within a year of setting up, considerable home and export success has been achieved. An interest is now being taken in several countries, particularly the US and Middle East.

■ **Hanimex Corporation's** entry for membership of the Japan Camera Industry Association was approved unanimously at a special meeting of the JCIA governing board held recently. The membership took effect from July.

■ **RT Display Systems Ltd** have published two new brochures on new line Octanorm. With the aid of line drawings, the "Specification Manual" lists the components which make up the counters, showcases and wall units and the "Sales Brochure" illustrates in-situ examples of Octanorm installations.

APPOINTMENTS

E.R. Squibb & Sons

Ltd: Mr James Cochrane is appointed general manager. He also becomes deputy managing director. Mr Cochrane joined Squibb in 1971.

After a period in the UK management team, he looked after Squibb's interests in Nigeria and then became managing director, first of their Portuguese, then of their Belgian subsidiary. Since 1979, he has been joint deputy managing director in the UK Alex Smith is appointed to the post of deputy chairman.

■ **Winpharm.** Mr Keith Haselwood has been promoted to sales director.

■ **Sangers Agencies Ltd:** Robert Sneddon is appointed as Midland regional sales manager. He joins SAL from the Chloride Group.

■ **Retail Consortium:** Mr Colin Paterson, deputy chairman of British Home Stores and of the Retail Consortium for the past year, is appointed chairman. He succeeds Lord Peart of Workington who has held the position since October 1979. Mr Eric Colwell, managing director of Victoria Wine Co is appointed treasurer.



MARKET NEWS

Holiday slow down

London, July 21: From now until the end of August the markets are traditionally quiet because of the holidays. This year the period coincides with an already established recession in world commodity trade and for UK buyers the position is worsened by the falling value of the pound.

A number of items are still being quoted on the spot at well under their replacement values. An example is Brazilian menthol quoted at £6.20 kg on spot against £6.85, cif. Prices of Chinese menthol are now catching up with the Brazilian especially on the spot.

Dearest among essential oils during the week were camphor white, cedarwood, Chinese citronella, eucalyptus and petitgrain. All movements were attributed to exchange rates.

Spanish olive oil is £25 metric ton up, while that of mediterranean origin is down by £45.

In botanicals, Canada and copaiba balsams, and liquorice root continued to firm. Sarsaparilla root was easier and business was done in jalap after a long absence from the market.

Dearest among pharmaceutical chemicals are benzocaine, cinchocaine, clioquinol and stilboestrol.

Pharmaceutical chemicals

Amyloharbitone: Less than 100-kg £19.11 kg; sodium £21.59.
Benzocaine: BP in 50-kg lots, £6.70 kg.
Bismuth salts: £ per kg.

	50-kg	250-kg
salicylate	10.92	—
subcarbonate	8.10	7.96
subnitrate	6.15	6.04

Butaharbitol: Acid £25.17 kg; sodium £26.81 kg in 50-kg lots.
Calamine: BP £758 per 1,000-kg delivered.
Calcium pantothenate: £7.26 kg in 25-kg lots.
Carbazochrome: technical £60 kg; sodium sulphonate £105 kg.
Carbon tetrachloride: BP 5-ton lots in 290-kg drums £305 per metric ton.
Carotene: Beta — 10% £27.50 kg (5-kg lots); 20% suspension £36.30 kg (5-kg).
Chloral hydrate: 50-kg lots £2.20 kg.
Chloramphenicol: BP 73 £19 kg in 500-kg lots.
Chloroform: BP in 180-litre drum from £1.24 per litre for one drum lots down to £0.99 for 39 drums. In 2-litre bottle £3.10 each for 175 litres; £2.50 for 7,000 litres.
Choline: (50-kg lots) bitartrate £3.25 kg; dihydrogen citrate £3.40.
Cinchocaine: Base (10-kg lots) £100 kg; hydrochloride £100.
Citric acid: BP per metric ton single deliveries, granular monohydrate £891; anhydrous £940 (powdered £20 premium per 1,000 kg).
Clioquinol: BP 80 500-kg lots £22 kg.
Cocaine: Alkaloid £721 kg; hydrochloride £666.
Dihydrocodeine bitartrate: £535 kg in 20-kg lots. Subject to Misuse of Drugs Regulations.
Ferric ammonium citrate: One metric-ton lots £1.42 kg.
Ferric citrate: £5 kg in minimum 250-kg lots.
Ferrous fumarate: BP £1.25 kg in 750-kg lots minimum.
Ferrous gluconate: £2.375 per metric ton.
Ferrous sulphate: Dry £600 metric ton.
Iodides: (Per kg) Ammonium £13.80 (50-kg lots); potassium £8.05 (250 kg); sodium £10.10 (50 kg).
Iodoform: USNF £17 kg in 50-kg lots.
Isoetharine hydrochloride: £170 kg for 1-kg lots.
Isoniazid: BP 1973 £4.50 kg in 300-kg lots.
Isoprenaline: Hydrochloride £65 kg; sulphate £60 per g for 1-kg lots.
Kaolin: BP natural £181.25 per 1,000 kg; light £189.10 ex-works in minimum 10-ton lots.
Lactic acid: BP 88/90% £1.80 kg in 70-kg drum.
Lignocaine: (50-kg) base £11.28 kg; hydrochloride £11.36.
Opiates: (£ per kg) in 1-kg lots; subject to Misuse of Drugs Regulations — Codeine alkaloid £600-£604 as to maker;

hydrochloride £520; phosphate £460.50-£462; sulphate £520.
Diamorphine alkaloid £821; hydrochloride £748.
Ethylmorphine hydrochloride £585.50-£591. Morphine alkaloid £667-£668; hydrochloride and sulphate £544-£545.
Phthalylsulphathiazole: 50-kg lots £6.20 kg.
Pholcodine: 1-kg £538-£543 60-kg lots £493 kg. Subject to Misuse of Drugs Regulations.
Sorbitol: Powder £790 metric ton; syrup £380-£395 as to grade.
Stilboestrol: BP in 25-kg lots, £197.50 kg.
Strychnine: Alkaloid £74.30 per kg; sulphate and hydrochloride £60.40 kg 5-10 kg lots.
Succinylsulphathiazole: £9.20 kg in 50-kg lots; imported £7.80 (250-kg).
Sulphamethizole: £12.85 kg in 250-kg lots.
Sulphanilamide: BPC '68 £2.50 kg in 1-metric ton lots.
Sulphaquinoxaline: BP Vet £12.62 kg; sodium salt £16.03 with grade A at £13.16 all in 500-kg lots.
Talc: BPC sterilised £646 metric ton in 50-kg; £388 for 1,000-kg lots.
Zinc carbonate: Pharmaceutical grade £720 per metric ton.
Zinc chloride: Anhydrous powder £450 metric ton, delivered U.K.

Crude drugs

Agar: Spanish £7.90-£8 kg spot.
Aloes: Cape £1,440 metric ton spot; £1,430, cif. Curacao unquoted.
Balsams: (kg) **Canada:** Dearest at £12.60 on the spot, shipment £12.45 cif. **Copaiba:** No spot; £6.50, cif. **Peru:** £10.75 spot; £11.15 cif. **Tolu:** £6 spot.
Honey: (per metric ton in 6-cwt drums ex warehouse). Australian light and medium ambers £690-£720 Canadian £800; Mexican £580; Argentinian (white) £680.
Jalap: Business done at £2.40 kg, cif, for Brazilian.
Liquorice: Root, no spot; £650 metric ton, cif. Block juice £1,400 metric ton spot.
Menthol: (kg) Brazilian £6.20 spot £6.85, cif. Chinese £6.10 spot; £5.80, cif.
Nutmeg: (per metric ton fob) Grenada 80s \$3,200 sound unassorted \$2,950, 110s \$3,050, defectives \$2,000.
Sarsaparilla: Jamaican £2,650 metric ton spot £2,640, cif.
Senna: (kg) spot Alexandria pods hand-picked from £1.80 upwards; manufacturing £0.50 Tinnevely faq leaves £0.44; pods, faq £0.42; hand-picked £0.50.
Styrax: Turkish natural £5.40 kg spot.
Turmeric: Madras finger £350 metric ton spot; £270, cif.
Tonquin beans: No offers.
Valerian: Dutch No offers spot; £1,500 metric ton, cif. Indian £1,380 spot; £1,443, cif.
Witchazel leaves: £2.75 kg spot; £2.70, cif both nominal.

Essential oils

Almond: Sweet in 4-ton lots £1.60-£1.70 kg duty paid.
Anise: (kg) Spot £12.45; shipment £12, cif.
Bay: West Indian £10 kg spot; £9.90, cif.
Bergamot: £30 kg spot (new crop).
Bois de rose: £8.50 kg spot; £8, cif.
Camphor: White £1.15 kg spot; £1, cif.
Cedarwood: Chinese No spot; £1.65 kg, cif.
Citronella: Ceylon £3.40 kg spot; £3.35, cif. Chinese £3.80 spot; £3.65, cif.
Eucalyptus: Chinese £2.50 kg spot; £2.45, cif.
Lemon: Sicilian best grades from £20 kg in drum lots; Other sources from £15.
Lemongrass: Cochín £4.70 spot; £4.40, cif.
Lime: West Indian £15 kg spot.
Olive: Spanish £1,485 per metric ton in 200-kg drums ex-wharf; Mediterranean origin £1,335. Drawback £197 ton on Spanish after packing in containers of 5 litres or less.
Orange: Florida spot £0.95 kg; £0.85, cif.
Origanum: Spanish 70 per cent £16.50 kg.
Petitgrain: Paraguay £9.20 kg spot, £9.25 cif.
Rosemary: Moroccan £6.80 kg spot; Spanish £7.50.
Sandalwood: Mysore £60 kg spot nominal; £55 25 kg cif. East Indian £50 spot; £49.50 cif.
Sassafras: Brazilian £2.25 kg spot and cif.
Spearmint: Chinese no spot; £8.25 kg, cif. American £10.50 spot.
Thyme: Red 45-50% £15 kg spot, 50-55% £17.
Vetivert: Java £14 spot; £14.50, cif.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

COMING EVENTS

Monday, July 27

Leeds Branch, National Pharmaceutical Association, Golden Lion Hotel, Lower Briggate, Leeds, at 8 pm. Annual meeting.

Advance information

Royal College of Physicians of Edinburgh.
Scottish Department, Pharmaceutical Society.
Joint symposium on "Medicine and pharmacy in Edinburgh" September 9. Application for free tickets (buffer supper £6 extra) to Scottish Department, Pharmaceutical Society, 36 York Place, Edinburgh, no later than August 15.

Telford College of Further Education and Heriot-Watt University, Edinburgh. Introductory microcomputer course for general practice pharmacists. Part one of nine week course, commences October 1. Applications to Dr G. Jefferson, Department of Pharmacy, Heriot-Watt University, 79 Grassmarket, Edinburgh.

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X2 — CLEVELAND — Village pharmacy in large premises with extensive living accommodation which can be separately let if required. Turnover to April 1980 £120,000 with some 2700 scripts per month. Property for sale at £39,500. Fixtures £6,000. Goodwill £12,500. Stock at valuation approx. £18,000.

X3 — SOUTH WEST LANCA-SHIRE — Large excellently modernised and fitted-out property close to town centre. Turnover to April 30th, 1981, £116,000. Scripts average 2,000 per month. Good future potential. Freehold and fittings £12,000. S.A.V. approx. £20,000.

X4 — WEST MANCHESTER — Three substantial pharmacies all with living accommodation with a combined turnover of over £550,000 and total scripts averaging 11,400 per month. Freehold properties, goodwill and fixtures and stock at valuation totalling approximately £300,000. Separate sale of each shop will be considered as will sale of the shares in the company.

X5 — ANGLESEY — Freehold lock-up premises in pleasant coastal village. Turnover £100,000 p.a. and scripts 1,600 per month. Property, goodwill and fixtures £37,000 plus stock at valuation.

X6 — LINCOLNSHIRE — Good living accommodation is contained in these shop premises in the centre of a busy holiday resort on the Lincolnshire coast. Turnover is running at around £100,000 p.a. with excellent profits. Scripts average 1,550 per month, freehold property £23,000, goodwill, fixtures and fittings £15,000 plus stock at valuation.

X7 — HIGH WYCOMBE — Drug store in small shopping centre, on council estate in village close to High Wycombe. Turnover to 30.9.80 £24,000, rent £1,750 per annum. Two bedroomed flat above, goodwill, fixtures and fittings £6,000 plus stock at valuation approximately £6,000. Suitable for conversion to pharmacy.

X8 — LEEDS — This easily run lock-up shop on rent at £2,000 per annum stands in a busy shopping area close to the centre of Leeds, turnover to 30 September 1980 was £78,652 showing good profit. Scripts average 1,100 per month, goodwill, fixtures and fittings £6,000 plus stock at valuation.

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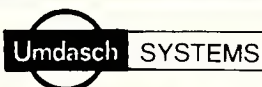
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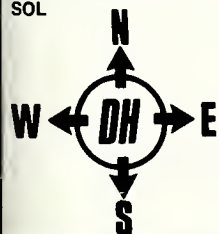
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